DOCUMENT RESUME

ED 365 868 CE 065 577

TITLE	Families with Special Health Needs. Reference Book.
INSTITUTION	Texas Tech Univ., Lubbock. Home Economics Curriculum Center.
SPONS AGENCY	Texas Education Agency, Austin. Dept. of Programs and Instruction.
PUB DATE	Jun 93
NOTE	228p.; For the curriculum guide, see ED 312 493.
AVAILABLE FROM	Home Economics Curriculum Center, Texas Tech University, Box 41161, Lubbock, TX 79409-1161.
PUB TYPE	Guides - Classroom Use - Instructional Materials (For Learner) (051)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Competency Based Education; Course Content; Disabilities; *Educational Resources; *Family Problems; Frail Elderly; Health Activities; Health Education; Health Materials; *Health Needs; Health Services; *Home Economics; Human Body; Long Term Care; Nursing Homes; Secondary Education; *Special Health Problems; Special Needs Students; State Curriculum Guides; Teaching Methods; Units of Study
IDENTIFIERS	Texas

ABSTRACT

This reference book is correlated closely with the essential elements prescribed by the State Board of Education in the Texas Administrative Codes for Home Economics. It is organized into 22 chapters that are intended to be used as needed, not in any particular order. Each chapter begins with the essential element(s) and objectives to achieve. Within the text, italicized, bold-faced vocabulary terms are included with definitions or explanations. Illustrations are also included. The content of each chapter is summarized, and a critical thinking section is included to reinforce the basic content and to facilitate critical thinking skills. Chapters cover the following topics: special health needs of individuals; financial impacts on families; factors affecting psychological family health; the person with special health needs and society; special health conditions; characteristics of special health conditions; social and psychological effects of special health needs; special health needs advances; laws for a person with special health needs; employment and training for persons with special health needs; the aging process; changes and needs of the elderly individual; needs of the elderly; elderly in the community; services for the elderly; care for the elderly upon retirement; family adjustments for special health needs; physical care for the person with special health needs; terminal illness and death; needs of persons with emotional, intellectual, and physical impairments; abuse of elderly and people with disabilities; and careers regarding special health needs. A list of 23 references and an index of technical terms and concepts complete the book. (KC)

ED 365 868

FAMILIES WITH SPECIAL HEALTH NEEDS

REFERENCE BOOK

HOME ECONOMICS EDUCATION

TEXAS EDUCATION AGENCY

AUSTIN, TEXAS

U.S. DEPARTMENT OF EDUCATION
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FAMILIES WITH SPECIAL HEALTH NEEDS

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Lubbock, Texas 79409-1161

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In Cooperation with:
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JUNE 1993

ACKNOWLEDGEMENTS

This *Families with Special Health Needs* reference book was prepared by the Home Economics Curriculum Center staff through a contract with the Texas Education Agency, Austin, Texas, under the provisions of the Carl D. Perkins Vocational and Applied Technology Education Act (Public Law 101-392), in cooperation with the College of Human Sciences, Texas Tech University, Lubbock, Texas. The Home Economics Education unit of the Texas Education Agency provides supervision and directional guidance for curriculum development.

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(7) evidence of published procedures for hearing complaints and grievances.

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TABLE OF CONTENTS

Acknowledgments iii

Compliance Statement v

Preface xii

Essential Elements xiii

Guide to Essential Elements xiv

Chapter 1 — Special Health Needs of Individuals 1
Categories of Special Health Needs 1
Emotional, Intellectual, and Social Effects 3
Special Health Needs in The United States 5
Economic Factors 6
Conditions of Special Health Needs 6
Summary 7
Vocabulary 8
Review 8
Critical Thinking 9

Chapter 2 — Financial Impacts on Families 11
Special Health Needs Costs 12
Financial Effects on Family Members 12
Preparation for Catastrophic Illness 12
Purpose of Health Insurance 14
Types of Health insurance 14
Obtaining Health Insurance 17
Support services 18
Summary 20
Vocabulary 21
Review 21
Critical Thinking 22

Chapter 3 — Factors Affecting Psychological Family Health 23
Psychological Health of Family Unit 23
Building Family Strengths 24
Effects of special health needs family member 26
Patterns of family interaction 27
Family Adjustments 28
Support resources for families 28
Summary 30
Vocabulary 31
Review 31
Critical Thinking 32

Chapter 4 — The Person With Special Health Needs and Society 33
Influences on societal trends 33
Effects of societal trends 34
Etiquette toward people with Special Health Needs 35
Physical Challenges 36
Laws for a Person with Special Health Needs 36
Perceived Worth of Persons with Special Health Needs 38
Summary 40
Vocabulary 40
Review 41
Critical Thinking 41

Chapter 5 — Special Health Conditions 43
Alzheimer's Disease 43
Osteoporosis 44
Cancer 44
Deafness and Hearing 45
Impairments 45
Heart and Lung Disease 46
Orthopedic Impairments 48
Speech Impairments 48
Visual Impairments 49
Intellectual and Emotional Needs 51
Mental illness 52
Birth defects 52
Brain disorders 53
AIDS 54
Body systems 55
Summary 56
Vocabulary 57
Review 58
Critical Thinking 59

Chapter 6 — Characteristics of Special Health Conditions 61
Characteristics of Special Health Conditions 61
Services Provided for Persons with Special Health Needs 65
Adaptations for People with Disabilities 66
Summary 67
Vocabulary 68
Review 68
Critical Thinking 69

Chapter 7 — Social and Psychological Effects of Special Health Needs 71
Rights of People with Special Health Needs 71
Challenges Faced by the Family 73
Social Adjustments 74
Stressful effects of Special Health Needs 74
Coping With Stress 75
People with Special Health Needs in media 76
Summary 78

Vocabulary 78
Review 79
Critical Thinking 79

Chapter 8 — Special Health Needs Advances 81
Medical Technology 81
Living Wills 83
Health Care Services 83
Summary 85
Vocabulary 85
Review 86
Critical Thinking 86

Chapter 9 — Laws for A Person with Special Health Needs 87
Educational Laws 87
Tax Laws 89
Employment Laws 90
Discrimination and Confidentiality Laws 90
Social Security Laws 91
Responsibilities of Persons With Special Health Needs 91
Summary 92
Vocabulary 93
Review 93
Critical Thinking 94

Chapter 10 — Employment & Training for Persons with Special Health Needs 95
Personal Characteristics 95
Training Opportunities 97
Application Process 98
Rewards 98
Summary 100
Vocabulary 101
Review 101
Critical Thinking 102

Chapter 11 — The Aging Process 103
Facts and Fallacies About Aging 104
Characteristics of The Elderly 104
Society and the Aging 106
Process 106
Long Life Factors 106
Summary 108
Vocabulary 108
Review 108
Critical Thinking 109

Chapter 12 — Changes and Needs of the Elderly Individual 111
Physical Changes 111
Dietary needs 113

Exercise Needs 113
Mental Changes and Needs 114
Emotional Changes and Needs 115
Social Changes and Needs 116
Summary 117
Vocabulary 118
Review 118
Critical Thinking 119

Chapter 13 — Needs of the Elderly 121
Health Care Options 121
Clothing Needs 122
Safety Needs 124
Summary 126
Vocabulary 126
Review 127
Critical Thinking 127

Chapter 14 — Elderly In The Community 129
Volunteer Work 130
Paid Work 130
Training and Education 131
Roles and contributions of The Elderly 131
Summary 133
Vocabulary 133
Review 134
Critical Thinking 134

Chapter 15 — Services For The Elderly 135
Types of Services 135
Evaluation of Services 136
Laws and legislation Affecting The elderly 137
Summary 139
Vocabulary 139
Review 140
Critical Thinking 140

Chapter 16 — Care for The Elderly Upon Retirement 141
Phases of Retirement 141
Retirement communities 142
Group Homes 142
Adult Day Care 143
Assisted Living 143
Long-Term Care facilities 143
Living With A Sibling or Child 144
Summary 146
Vocabulary 147
Review 147
Critical Thinking 148

Chapter 17 — Family Adjustments for Special Health Need 149
Crisis 149
Communication and Understanding 150
Family Roles 151
Positive Contributions 152
Summary 153
Vocabulary 153
Review 154
Critical Thinking 154

Chapter 18 — Physical Care for The Person with Special Health Needs 155
Hospitalization 155
Monitoring Temperature 156
Monitoring Pulse Rhythms and Rates 158
Monitoring Respiration 159
Monitoring Blood Pressure 159
Administering Medications 160
Making Beds 160
Personal Hygiene 160
Giving Back Rubs 162
Bedsores and Pressure Sores 162
Exercises 162
Transferring A Person 162
Contamination 164
Summary 167
Vocabulary 168
Review 168
Critical Thinking 169

Chapter 19 — Terminal Illness and Death 171
Psychological and Emotional Needs 171
Family Interaction 172
Hospice Care 173
Stages of Grief 173
Death 173
Family Recovery 176
Summary 177
Vocabulary 177
Review 178
Critical Thinking 178

Chapter 20 — Needs of Emotional, Intellectual, and/or Physical Impairments 179
Nutritional Needs 180
Clothing Adaptation Needs 183
Housing Adaptation needs 184
Transportation Needs 184
Short-Term versus Long-Term Health Care 184
Alternative Health Care For Adults and Children 187
Summary 188
Vocabulary 188

Review 189
Critical Thinking 189

Chapter 21 — Abuse of Elderly and People with Disabilities 191
Types of Abuse 192
Causes of Abuse 193
Recognition of Abuse 194
Prevention and Treatment of Abuse 194
Summary 197
Vocabulary 197
Review 198
Critical Thinking 198

Chapter 22 — Careers Regarding Special Health Needs 199
Careers that Directly Serve Families with Special Health Needs 200
Careers that Indirectly Serve Families with Special Health Needs 202
Professional Qualifications 203
Personal Characteristics 204
Managing Multiple Roles 206
Effective Money Management 207
Summary 211
Vocabulary 212
Review 212
Critical Thinking 213

References 215

Index 217

PREFACE

Families with Special Health Needs is a course that provides an in-depth study of the present and future family. It addresses the knowledge and skills needed to prepare students for adulthood and their role in the "new family." A special focus has been provided to gain knowledge of the elderly and individuals with disabilities. Concepts and skills relating to family adjustments and career options are addressed as well as management for the dual roles of homemaker and wage earner.

Families with Special Health Needs reference book is one of the various reference books developed for use in Home Economics Education in Texas. The reference book is correlated closely with the Essential Elements prescribed by the State Board of Education in the Texas Administrative Codes for Home Economics. Additional curriculum materials are available for secondary education, adult education and postsecondary education in home economics subject areas.

Components of the Instructional Materials

The *Families with Special Health Needs* series includes two publications: a reference book and a curriculum guide. The reference book and the curriculum guide are coordinated.

The *reference book* is organized into twenty-two chapters that are intended to be used as needed, not in any particular order. Each chapter begins with the Essential Element(s) and Objectives to Achieve. Within the text, italicized, bold-faced vocabulary terms are included with definitions or explanations. Illustrations also are included to aid student learning. The content of each chapter is summarized in the Summary section and vocabulary words are repeated in the Vocabulary section at the end of each chapter. A Review section and a Critical Thinking section also have been included to reinforce the basic content presented, aid in factual recall, and facilitate critical thinking skills. An index of technical terms and concepts is provided to facilitate use of the reference book.

The *curriculum guide* provides a variety of teacher information. Teaching strategies and teaching aids are coordinated with the chapters in the reference book. A variety of teaching strategies are included. The types of strategies include reading, lecture, discussion, audiovisuals, and activities. Transparency masters and handout masters are included for the teacher's convenience.

No one reference can provide all the information needed for a particular field. Therefore, students should be encouraged to study various topics more intensively, to use additional references, and to apply the information in either laboratory or on-the-job training. Hands-on experience is essential to understanding the concepts of food science and nutrition.

TAC 75.83
Families with Special Health Needs

(m) Families with special health needs (1/2 unit) shall include the following essential elements:

(1) Concepts and skills related to family health needs. The student shall be provided opportu nities to:

(A) identify special health needs of individuals:
(B) discuss the impact of special health needs on financial well being;
(C) discuss the impact of special health needs on the psychological health of the family; and
(D) relate societal values to the contributions and perceived worth of individuals with special needs.

(2) Concepts and skills related to special health needs (including birth defects and disabilities/handicaps occurring later in life). The student shall be provided opportunities to:

(A) discuss special health conditions, their causes, and prevention;
(B) outline characteristics and care associated with special health conditions;
(C) identify the social and psychological effects of handicaps on individuals and their families;
(D) describe the impact of technology on the treatment and care of individuals with special health needs;
(E) describe health services and their acquisition;
(F) summarize laws related to the special needs population; and
(G) describe employment and training opportunities for individuals with special health needs.

(3) Concepts and skills related to aging. The student shall be provided opportunities to:

(A) describe the aging process;
(B) outline the physical and psychological needs of the aging individual;
(C) identify characteristics and care needed by aging individuals;
(D) describe employment and training opportunities for the elderly;
(E) contrast the role of the elderly, their status, and contributions in various cultures;
(F) describe services available for the elderly and how they can be evaluated;
(G) appraise the effects of laws related to health of the aging; and
(H) discuss considerations for planning and providing care for aging individuals.

(4) Concepts and skills related to family adjustment. The student shall be provided opportunities to:

(A) describe coping/adjustment strategies for individuals and families of the elderly and handicapped;
(B) discuss nutrition, clothing, housing, and health needs caused by emotional, intellectual, and/or physical impairments; and
(C) point out forms, causes, and preventive measures for abuse of elderly and handicapped family members.

GUIDE TO ESSENTIAL ELEMENTS
Families with Special Health Needs
(TAC 75.83)

Families with Special Health Needs (1/2 unit) shall include the following essential elements:

Required Essential Elements	Related Chapters
(m1A) Identify special health needs of individuals.	1
(m1B) Discuss the impact of special health needs on financial well-being.	2
(m1C) Discuss the impact of special health needs on the psychological health of the family.	3
(m1D) Relate societal values to the contributions and perceived worth of individuals with special needs.	4
(m2A) Discuss special health conditions, their causes, and prevention.	5
(m2B) Outline characteristics and care associated with special health conditions.	6
(m2C) Identify the social and psychological effects of handicaps on individuals and their families.	7
(m2D) Describe the impact of technology on the treatment and care of individuals with special health needs.	8
(m2E) Describe health services and their acquisition.	8
(m2F) Summarize laws related to the special needs population.	9
(m2G) Describe employment and training opportunities for individuals with special health needs.	10
(m3A) Describe the aging process.	11
(m3B) Outline the physical and psychological needs of the aging individual.	12
(m3C) Identify characteristics and care needed by aging individuals.	13
(m3D) Describe employment and training opportunities for the elderly.	14
(m3E) Contrast the role of the elderly, their status, and contributions in various cultures.	14
(m3F) Describe services available for the elderly and how they can be evaluated.	15
(m3G) Appraise the effects of laws related to health of the aging.	15
(m3H) Discuss considerations for planning and providing care for aging individuals.	16
(m4A) Describe coping/adjustment strategies for individuals and families of the elderly and handicapped.	17, 18, 19
(m4B) Discuss nutrition, clothing, housing, and health needs caused by emotional, intellectual, and/or physical impairments.	20
(m4C) Point out forms, causes, and preventive measures for abuse of elderly and handicapped family members.	21

1

Special Health Needs of Individuals

ESSENTIAL ELEMENT

- ❑ Identify special health needs of individuals.(m.1A)

OBJECTIVES

- ❑ Describe the sources and causes of special health needs.
- ❑ Discuss the emotional, intellectual, and social effects of a person labeled disabled.
- ❑ Report statistics on the number of persons with special health needs in the United States.
- ❑ Analyze economic factors influenced by special health needs.
- ❑ Identify characteristics of special health needs.

In today's society there is a growing concern about individuals and families with special health needs. The phrase ***special health needs*** is used to refer to an illness or health situation that affects the daily life of an individual. Special health needs can affect individuals and their families in almost every aspect of life. Society having an understanding of various special health needs, and knowledge on how to deal with common reactions and situations associated with special health needs can result in more positive outcomes for individuals with special health needs and their families.

CATEGORIES OF SPECIAL HEALTH NEEDS

There are several categories of special health needs. Classifying special health needs into categories can sometimes help identify the cause or source. These categories include the following: birth defects, accidents, aging, and illnesses/disorders.

Birth Defects

Special health needs present at birth might include Down's syndrome, a mental challenge, a hearing or visual impairment, or cystic fibrosis. ***Down's syndrome*** is a chromosomal error characterized by varying degrees of mental deficiency, internal defects of the heart and other organs, short limbs, and facial features, such as a broad face, a large tongue, and slanting eyes. The phrase ***mentally challenged*** refers to below-average levels of and a lack of emotional, intellectual, and physical functioning. This phrase has generally replaced the older phrase mentally retarded. A ***hearing impairment*** refers to a partial loss of hearing within a range from slight to severe. A ***visual impairment*** refers to a partial loss of sight within a range from slight to severe. The illness ***cystic fibrosis*** involves functional defects of the respiratory and digestive systems.

Some conditions existing at birth can immediately be detected, such as a physical disability. Other conditions that are present at birth may not be detected until later in life. For example, cystic fibrosis is transmitted to a child when both parents carrying the recessive gene do not have the disease. Although this disease is present at birth, it is usually not detected until later in infancy or young childhood.

Accidents

Accidents resulting in a special health need can occur at anytime in a person's life. He or she might be involved in an accident that could cause paralysis, brain damage, a visual impairment, or a physical disability, such as the loss of limbs. Special health needs caused by accidents are numerous.

Aging

Aging also can be the source of special health needs. As a person ages and becomes a part of the elderly population, many changes take place. Older individuals usually require special and increased health care since aging is commonly associated and accompanied by illnesses. Alzheimer's and osteoporosis are commonly associated with aging. ***Alzheimer's disease*** is a condition of the brain causing an increasing loss of memory in the earlier stages and physical decline in the later stages. ***Osteoporosis*** is a bone disorder causing a reduction in bone density and an increase in bone porosity and brittleness. Refer to Chapter 5 for more information on Alzheimer's and osteoporosis. Also, physical restrictions, such as sight or movement, can make the tasks of daily living a challenge for the elderly.

Illnesses and Disorders

Illnesses and disorders, such as anorexia/bulimia, AIDS, heart disease, and cancer, are considered special health needs. ***Anorexia*** is an eating disorder characterized by an obsessive and compelling desire to be thin, and ***bulimia*** is an eating disorder characterized by self-induced vomiting following binge eating. ***Acquired Immune Deficiency Syndrome (AIDS)*** is a disease caused by a virus which can destroy the

body's ability to fight off illness. An illness or disorder can affect and occur in anyone although different ages and lifestyles are related to certain illnesses. Refer to Chapter 5 for further information on illnesses and disorders.

In some instances, these four categories overlap each other; therefore, a special health need might not be identifiable in one specific category. For example, a baby born with AIDS falls under the categories present at birth and illnesses and disorders.

Special health needs can be long-term or short-term. An example of a short-term special health need is a person with a broken ankle having to use crutches. This type of injury requires temporary adjustments to daily life for the individual, and will sometimes affect his or her family as well. The term ***temporary*** refers to something not being permanent, only in force for a certain amount of time.

EMOTIONAL, INTELLECTUAL, AND SOCIAL EFFECTS

Whatever the source or cause of special health needs, it is important to understand how special health needs affect people who have them. Those who are born with special health needs usually do not realize their condition until later in life, so the adjustment and effects are gradual for them. However, someone who is involved in an accident or diagnosed with an illness acquires a special health need quickly, and the effects are very sudden, A person should consider how being labeled "disabled" would effect himself or herself emotionally, intellectually, and socially.

Emotional Effects

Emotional development begins immediately at birth and continues until death. The phrase ***emotional development*** is defined as the growth of feelings and emotions that causes an individual to act and respond in certain ways. For positive emotional growth, a person needs to have feelings of acceptance, security, independence, companionship/love, and success.

> ***"Persons who are severely impaired never know their hidden sources of strength until they are treated as normal humans and encouraged to shape their own lives."***
>
> *-Helen Keller*

Acceptance. Many people with disabilities find it hard to gain acceptance. Individuals with disabilities are usually uncertain of other's feelings and attitudes toward them. Based upon their past experiences, they might expect rejection from others. As a result, they sometimes try to avoid situations which would force meeting people that are unfamiliar to them.

Security. A sense of security offers more productive and effective living because security allows individuals to accept their personal drawbacks and those of the people around them. It is hard for individuals labeled as "disabled" to feel this inner security because it is more difficult for them to accept their drawbacks. They usually receive their greatest

security from family members, teachers, or those who share the same or similar disabilities.

Independence. The desire to be independent begins at an early age and gives an individual satisfaction of meeting most of his or her needs. It can be very difficult for some people with disabilities to gain any type of independence, while others might gain almost total independence. How independent or dependent a person with disabilities becomes is usually determined by the severity of the special health need, the determination to be as independent as possible, and the people around them. Sometimes it is very difficult for a family to let the member with a special health need be independent. There is a tendency for a family to do everything for the member with a special health need. A person with a special health need should be allowed to gain independence.

Companionship/love. Everybody needs to feel loved and have companionship in their lives. Being able to achieve these two things begins with loving one's self so that others can return that love. Many people with disabilities have a hard time loving themselves; therefore, they sometimes lack confidence in their relationships with others. The greatest source of companionship and love comes from one's family in most cases, then over a period of time relationships are developed with others.

Success. Success is something people achieve that makes them feel good about themselves. Some measure success in terms of jobs, family, and accomplishments. Although many people with disabilities have made great achievements in their lives, society often views them as unsuccessful. This could be because people with disabilities might not be able to work, have a family, or be completely independent. However, many people with disabilities are viewed successful because they have found areas to achieve in and excel.

Intellectual Effects

An important part of a person's life is his or her intellectual development. ***Intellectual development*** is the development process of learning to perceive and understand. A person's intellect is stimulated by activities, people, and other things that are in the surrounding environment. Some have the attitude that people with severe disabilities have no need for intellectual stimulation. Persons who work or have worked with individuals that have special health needs know that they can perceive and understand matters. However, it might take individuals with special health needs longer to understand, and they might require extra stimulation. This is alright. People with disabilities should be given a chance even if it does take extra effort. Sometimes that extra effort is what helps a person with a disability reach his or her fullest potential.

Social Effects

Social development is learning to interact with other people in a way that is socially acceptable to the situation. There are different times and places where certain behavior is acceptable and other times where it is not acceptable. For example, running and screaming is acceptable in the park, but not at a banquet. Social behavior is learned, and this behavior can be taught to people with disabilities just as it is taught to everybody else. Social attitudes toward people with disabilities are

sometimes negative. Many feel some individuals with special needs do not know how to conduct themselves socially or that they do not fit into a social setting. These are both unjust and unfair attitudes. Refer to Chapters 4 and 7 for more information on how people with disabilities are viewed socially in society.

People labeled with the term "disabled" have several challenges to overcome. Society tends to stereotype individuals who have special health needs with the term "disabled person," failing to remember that people with disabilities are also human beings.

Several individuals have made great achievements despite their special health needs. Franklin D. Roosevelt served as our country's president for more than twelve years, the longest any president ever has served. Eleven years before being elected to his first term as president, he was crippled by polio, which prevented him from ever walking again without the aid of braces. Later he used a wheelchair. People admired his personal courage and determination. After being diagnosed with polio, many thought his political career had come to an end. Some people, like his mother, encouraged him to retire. Roosevelt was determined that he was not an invalid and that he still had a great political career ahead of him.

Helen Keller is another example of an individual who conquered a severe physical disability. At the age of one and a half years old, a rare condition caused the loss of her sight and hearing. She was completely shut off from the world. Her parents did not know how to respond to her situation until they came in contact with Anne Sullivan. Miss Sullivan was the teacher that opened the door for Miss Keller to become a part of the world. Miss Keller went on to graduate from college and became internationally famous in helping people with disabilities secure better lives.

As a four-year-old child, Wilma Rudolph suffered cases of double pneumonia and scarlet fever followed by polio, which left her in leg braces until age nine and unable to walk properly until age eleven. Once she discovered that she could run, this activity became her favorite pastime. She was the first American woman to win three gold medals in track and field in the 1960 Olympic Games. Rudolph also set world records in meter races, and participated in her first Olympics at the age of sixteen winning a bronze medal as a member of the American 400-meter relay team.

These examples prove that people with special health needs, whether the need be permanent or temporary, can achieve great things in their lives. The label "disabled" is sometimes associated with limits and pity from those who do not carry the label. People with disabilities do not need to be limited by others, nor do they need the pity of others. They just need to be given a fair chance.

SPECIAL HEALTH NEEDS IN THE UNITED STATES

In the United States, there is a need to acknowledge the population that has special health needs. The National Center for Health

Statistics reports that over thirty-four million Americans are limited in their activity because of a long-term disability. This is over 14 percent of the American population that is not

living in an institutionalized program. Approximately two million more people live in a variety of long-term care institutional settings. Of this two million, 1.5 million people live in long-term care facilities and related-care homes and a quarter million each live in mental health and mentally challenged facilities.

ECONOMIC FACTORS

Statistics show an increasing number of people with special health needs. These statistics have helped the medical profession project future needs for more professionals in the field of special health needs. This projection indicates additional jobs in the future, such as long-term care facility staff, nurses, doctors, and specialists in various areas related to special health needs.

Another aspect the economy will be affected by is that of employing people with special health needs. Under the Americans with Disabilities Act opportunities for employment will be provided for people with special health needs. Refer to Chapter 9 for more information on the Americans with Disabilities Act.

As a result of the increasing elderly population in the United States, some services or professions will probably experience job market increases. This could include any service or profession that is associated with older adults, such as adult day care centers, retirement villages, and home health aids.

Another economic factor associated with special health needs is that of rising health costs. This is a factor that individuals, the medical profession, and the government are all dealing with.

CONDITIONS OF SPECIAL HEALTH NEEDS

Conditions of special health needs vary with each special need. Some conditions might include a special diet, hospitalization, physical therapy, or special equipment, which is covered later in this book. A person with a special health need might require several of the conditions mentioned. The family of a person with a special health need also might have certain conditions, such as the need for support groups or family counseling.

Although each person, family, and special health need case is different, one condition that is associated with all special health needs is the necessity for some type of special care. The conditions of special health needs and how families and individuals deal with these needs will be discussed throughout this book.

Summary

- Categories of special health needs include birth defects, accidents, aging, and illnesses/disorders.
- Being labeled as "disabled" can affect a person's emotional, intellectual, and social development.
- For positive emotional growth, a person needs to have feelings of acceptance, security, independence, companionship/love, and success.
- A person's intellect is stimulated by activities, people, and other things that are in the surrounding environment. People with disabilities need as much or more stimulation than people without disabilities.
- Social behavior is learned, and this behavior needs to be taught to people with disabilities.
- Having a special health need does not prevent a person from having a fulfilling life.
- More than thirty-four million Americans are limited in their activities because of long-term disabilities, which is 14 percent of the population not living in an institutionalized program.
- Approximately two million people live in a variety of long-term care institutional settings. Of this two million, 1.5 million people live in long-term care facilities and related-care homes, and a quarter million each live in mental health and mentally challenged facilities.
- Special health needs in the United States is projected to affect economic factors such as jobs, the medical profession, and services and professions concerning the elderly.
- Some conditions of special health needs might include a special diet, hospitalization, physical therapy, or special equipment.

Vocabulary

Acquired Immune Deficiency Syndrome (AIDS)
Alzheimer's disease
Anorexia
Bulimia
cystic fibrosis
Down's Syndrome
emotional development
hearing impairment
intellectual development
mentally challenged
Osteoporosis
social development
special health needs
temporary
visual impairment

Review

1. List the four general categories in which special health needs are classified.
2. Explain how the categories of special health needs can overlap each other.
3. How does being labeled "disabled" affect people emotionally?
4. How does being labeled "disabled" affect people intellectually?
5. How does being labeled "disabled" affect people socially?
6. Why is it important to avoid labeling people?
7. What is the difference between a short-term special health need and a long-term special health need?
8. According to the statistics, what effects might special health needs have on the medical profession?
9. How can the population of people with special health needs affect the economy?
10. What condition is associated with all special health needs?

Critical Thinking

Assume that you have a special health need. Describe the special health need and how long you have dealt with the need. Include the category in which your special health need is classified. How has this special health need affected your emotional, intellectual, and social development? Compare and contrast these effects against your emotional, intellectual, and social development without having a special health need. Explain the conditions of your special health need, such as special equipment or physical therapy. How do you feel about having a special health need?

2

Financial Impact on Families

ESSENTIAL ELEMENT

- ❑ Discuss the impact of special health needs on financial well being.(m.1B)

OBJECTIVES

- ❑ Discuss the cost of caring for a person with a special health need.
- ❑ Discuss the financial effects on a family that has a member with special health needs.
- ❑ Receive information on preparing for a catastrophic illness.
- ❑ Explain the purpose of health insurance.
- ❑ Define types of health insurance.
- ❑ Identify how to obtain health insurance.
- ❑ Analyze financial support services available for special health needs.

Family members with special health needs not only require special care from family members, but they usually require special medical attention and equipment. These medical services and equipment are expensive and can put a strain on a family's budget. It is important for families to take precautions in case they are faced with special health needs. This chapter covers some costs of special health needs, ways to be prepared in the event of a special health need, and services that can help a family when a special health need is present.

SPECIAL HEALTH NEEDS COST

The cost of health care is outrageous in the United States, especially if a family has a special health need. People with special health needs usually require long-term medical care and in some instances require special equipment. The cost of caring for someone with a special health need is not cheap.

Usually, use of medical equipment is not optional to a person with a special health need. Some medical equipment is very expensive, but a person's life might depend on it. For others, some type of equipment might be their only means of independent mobility. Equipment that might be needed includes wheelchairs, hospital beds, driving aids, and oxygen tanks. Refer to table 2.1 for the cost of equipment used by people with special health needs.

Along with medical equipment, long-term medical care is very expensive, including weekly visits to the doctor, rehabilitation, in-home nurses, and extensive hospital stays. Combined with the cost of equipment that might be needed, this can result in sizeable amounts of medical bills. For example, the U.S. Department of Health and Human Services estimates that an injury resulting in quadriplegia treatment and rehabilitation will cost $570,000 for lifetime treatment. A severe head injury treatment and rehabilitation is estimated to cost $310,000.

Many medical expenses are covered by insurance, which is discussed later in the chapter. Insurance will not always pay the full amount. Sometimes, insurance will not pay anything on certain pieces of equipment although the equipment may be vital to a person with a special health need.

FINANCIAL EFFECTS ON FAMILY MEMBERS

Whether a young married couple with a newborn baby that has a birth defect or someone whose husband or wife has been seriously injured in an accident, special health needs change the financial status of a family. The cost of long-term health care, in addition to other normal expenses of a family, can cause a heavy strain. Hopes and dreams for a family's future suddenly change when a special health need has to be figured into the budget. Although a special health need requires a family to readjust their its finances there are some ways to be prepared in the event of a catastrophic illness.

PREPARATION FOR CATASTROPHIC ILLNESS

No one is fully protected against having an accident or being diagnosed with an illness that can leave a person in poor health and in a financial catastrophe. The term ***catastrophe*** refers to a sudden tragedy or disaster. It is wise for families to have savings accounts to use for emergency situations, but these usually will not meet the full cost of a special health need.

Although most savings will not fully cover the cost of a catastrophic illness, savings accounts are important for several reasons. Most types of health insurance require a fixed

ESTIMATED COST OF EQUIPMENT

	Buy	Rent Monthly
Manual Wheelchair	$334	
Electric Wheelchair	$3,000	
Oxygen Unit	$1,950	$300
Hospital Beds	**Semi-electric**	
	$1,950	$185
	Fully-electric	
	$2,150	$215
Walker	$85	
Van Lifts	$3,450	
Bath Rails	$16 to $27.50	
Bath Benches	$35 to $185	
Lift Chairs	$550 to $1000	
Patient Lifts	$1,139	
Driving Controls	$450	
Crutches	$48.50	$15

Table 2.1

amount to be paid on medical expenses before the policy will begin to pay; this is referred to as a ***deductible***. A deductible can be as low as two hundred dollars or as high as one thousand dollars. Some doctors require payment for services rendered at each visit, then the insured's insurance company will reimburse him or her instead of paying the doctor. In some instances, the caregiver of a sick person might have to take off work and suffer a loss of income which the family may be depending on to meet their monthly expenses. Therefore, a savings account can be relied upon during these instances and keep a family from facing a financial dilemma.

In addition to having savings accounts, another way to prepare for a catastrophic illness is to have some type of health insurance, including loss of income or disability insurance. Both of these topics are covered later in the chapter.

PURPOSE OF HEALTH INSURANCE

Insurance is a system of protection against loss. Although it is important to have all types of insurance, health insurance is one of the most important investments a person can make. If a person suffers financial losses from fire damage, a wrecked car, or burglary, he or she can continue working and eventually build up money to replace the lost items. However, paying for large medical bills is not an easy task, and health cannot always be restored.

In a matter of hours a person could be involved in an accident that could leave him or her seriously injured and requiring extensive medical care. Hospitalization, physical therapy, rehabilitation, surgery, and continuing medical care do not come cheap. An accident can prevent a person from returning to work for several months or it can leave him or her permanently disabled with the probability of never returning to work at all. A good health insurance plan can protect individuals from being financially wiped out.

TYPES OF HEALTH INSURANCE

There are several types of health insurance. When choosing one a person should look at the type(s) that will best benefit his or her situation. For example, if a family finds itself frequently having health problems, a Health Maintenance Organization (HMO) plan might be very beneficial. Refer to page 15 for further information on HMOs. However, a family needs to make certain that the type of health insurance chosen can adequately cover a catastrophe, if one should occur.

Hospital Expense Insurance

Hospital expense insurance provides a portion of payment to the hospital for daily room and board charges and other expenses, such as medication, operating room, or laboratory tests. In some cases the policy pays a flat daily rate regardless of the charges. Most policies specify

the number of days it will pay, such as sixty, ninety, or 120 days.

Major Medical Insurance

Major medical insurance is designed to provide payment for all types of medical costs, such as in-hospital cost, as well as most out-of-hospital costs. These policies usually require a deductible of $200 or more and then pay a certain percentage, such as 20 percent, of the medical costs after the deductible has been met. For example, if a person has a $1000 dollar hospital bill, he or she would pay a $200 deductible plus $200.

Surgical Expense Insurance

Surgical expense insurance provides a portion of payment for almost any type of surgery needed to maintain the insured's health. There are three benefit schedules differing in the premium amounts of $1,200, $2,000, and $2,800. The term ***premium*** refers to the amount of money a person has to pay for the insurance to go into affective coverage. A higher premium pays a larger amount for the surgery. The amount the insurer pays is determined by a listing of operations and the premium paid. For example, if a person pays a premium of $2,000, then he or she would have to pay $300 on an appendectomy. Typically, a surgical expense policy is sold along with a hospital insurance policy or an accident policy.

Disability Insurance

Disability insurance, which is also referred to as loss of income insurance, provides a portion of income lost due to an accident or illness.

Disability insurance policies usually specify whether the coverage is for short-term disability, which usually pays for six months of income, or long-term disability, which usually pays for two years of income or until age sixty-five. Most polices also have a ***waiting period.*** This means that a person must wait a specified amount of time after the injury before payments begin.

There are several common clauses in most disability policies of some concern. The ***presumptive disability clause*** specifically defines disability in the insurance company's terms. For example, the clause may define total disability as being unable to work in any income-earning job; therefore, if a person can stuff envelopes although before the disability he or she was an engineer, he or she is eligible to work. However, some policies define disability as a person being unable to perform the tasks of his or her occupation corresponding to education and training prior to an illness or injury.

Another clause is the ***prorating clause***. If a person changes jobs or a job becomes more dangerous, this allows the insurance company to raise the price of his or her policy. If possible, this type of clause should be avoided.

A ***coordination of benefits clause*** or ***participation limits*** keeps becoming disabled from being profitable. This policy usually states that the insured will only receive a certain percentage of hi or her current income, such as 60 percent and states the maximum payments you will receive from the state, the government, and private organizations.

Different policies should be carefully researched and targeted toward specific health needs. Disability needs can be determined by

following the procedure in table 2.2.

Determining Disability Insurance Needs

(1)	Maximum Monthly Earnings	$_____
	Adjustments:	
	a. Annual Living Expenses	$_____
	b. Spouse's Income	$_____
	c. Investment Income	$_____
(2)	Total Adjustments (a +b +c)	$_____
	Estimated Monthly Disability Income Needs (Maximum Monthly Earnings - Total Adjustments)	$_____
		$_____

Table 2.2

Worker's Compensation

Worker's compensation insurance provides protection on the job in the event of an accident, injury, or illness due to the job. Employers are required to have insurance policies that assume responsibility for any illness or injury that is work-related. This is provided at no cost to the employee.

This type of insurance is required in every state, and each state's laws determine the type and amount of benefits a person receives. Generally, all medical bills relating to the job injury are paid for a lifetime and a certain percentage of wages is paid up to a maximum amount. In the case of death or dismemberment from the job, payments of lump-sum amounts are scheduled to distributed to employees or beneficiaries. The term ***dismemberment*** refers to loss of limbs, such as an arm or leg, in an accident.

Health Maintenance Organizations

Health maintenance organizations, commonly called ***HMOs***, is a group plan in which an amount is paid each month by the insured. Then he or she only pay a small amount at each doctor's visit. However, you must go to a doctor included in the HMO program. Some people dislike this plan because they cannot have the doctor of their choice if he or she is not in the HMO group. When this plan was first put into practice, the insured saw whichever doctor was available within the HMO group of doctors. Many people were dissatisfied with this procedure. Now many HMOs allow for scheduled appointments with a particular doctor in the program, so that there can be some regularity.

Medicare

Medicare is a federal government health insurance program to help people age sixty-five and older or people who are recipients of monthly social security disability benefits and have been for at least two years. The two main parts of Medicare are Part A, Basic Hospital Insurance and Part B, Supplementary Medical Insurance.

Part A, the Basic Hospital Insurance, is paid by mandatory social security taxes taken from salary while working. This part helps pay for hospitalization, skilled nursing care in a long-term care facility, hospice care, and home health services.

Supplementary Medical Insurance, Part B, is paid equally by participants and the federal

government. Its funding comes from general tax revenues. This provides basic medical plan benefits and helps pay for doctors' services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by Part A.

Medicaid

Medicaid is designed by the federal government as a state program to help those who need and qualify for medical assistance. It is administered by states and subsidized by federal government grants. In this case, the term ***subsidized*** refers to a government grant of money given to each state for a purpose considered beneficial to the public. About 50 to 80 percent of a state's Medicaid costs are paid by the federal government, depending on the state's average income of residents.

Each state must meet the standards set by the federal government to participate in the Medicaid program. However, each state has different eligibility requirements for a person to qualify for Medicaid, and each state has the freedom to choose what medical services will be provided. One federal standard to be met by each state's plan is to provide some type of medical care for all persons receiving public assistance.

Many times people and families who encounter special health needs qualify for Medicaid. There are numerous stipulations and guidelines to follow so one should contact the Department of Human Services for more information on Medicaid. Medicaid services that might benefit someone with a special health need include the following:

- chiropractic services
- day activity health services
- hearing aids
- home health care
- hospice program
- hospital services
- physicians' services
- pharmacy
- primary home care services

OBTAINING HEALTH INSURANCE

There are many health insurance companies that offer various types of policies. When choosing a policy, it is important to shop around and compare the policies of several companies. Although it takes time, a person should study the policies in detail and find an insurance agent he or she feels comfortable talking with and can trust. When the time comes to make a decision on a policy, one should be chosen that specifically meets a family's needs.

Some employers offer a ***group insurance policy***, which is a contract between the place of employment and an insurance company. In a group insurance policy, the employer usually pays the premium. Usually, the employee will have to pay a certain amount each month for family members to be covered under this plan. Typically, all types of coverage are offered except disability income. In most cases, the minimum amount of coverage is paid for by the employer or a very small amount is deducted from salary. Extended coverage (more coverage than the minimum offers) is available at more cost.

Many times in a large company or organization, health insurance coverage ***cafeteria style,*** is offered. This option involves selecting the health benefits desired and leaving the ones not desired. For example, the option for major medical insurance and dental insurance may be open, but the insured chooses only the major

medical insurance. Once again, in this situation time should be taken to study and review the material carefully and choose the coverage that best meets a family's needs.

Sometimes difficulties arise in purchasing health insurance coverage. A preexisting condition can prevent or delay a person from purchasing health insurance coverage. The term ***preexisting condition*** refers to an illness, injury, or condition existing before the policy goes into effect. Any medical expense because of preexisting conditions is not covered by the policy.

Obtaining a health insurance policy can be delayed when a person's doctor(s) is contacted and asked to identify any preexisting conditions. Based on the doctor's report preexisting conditions are identified by the insurance company. The company might choose not to write a policy at all or the preexisting conditions will be excluded from policy coverage. However, preexisting conditions have the possibility of eventually being covered if a rider is placed on the policy. The term ***rider*** refers to an attachment to the policy adding or deleting something from the policy agreement. In this case a rider serves the purpose of having a preexisting condition deleted from the policy if the condition causes no problems for a specified amount of time such as three or five years. If any problems should occur related to the preexisting condition after the rider has been removed, the insurance policy will then cover it.

Generally, a large group policy does not have preexisting stipulations. Employees and their family members are just added on to the group policy. An example of a large group policy would be a university's health insurance plan. Smaller group policies usually have preexisting stipulations where each person on the policy is checked for preexisting conditions. Small group policies usually involve having a group insurance plan for twenty people or less.

Once the decision on which type of health insurance has been made, a premium payment is required. The amount of the premium usually increases with the number of family members being covered. This amount can be paid in a large sum every six months, every twelve months, or the amount can be divided up into monthly payments.

SUPPORT SERVICES

A ***support service*** refers to an organization that gives professional aid and assistance that is helpful to persons and families having special needs. Most support services rely heavily on volunteers from the community, are usually non-profit, and rely on financial contributions for existence. Support services provide a variety of things, such as printed material, educational programs, emotional support, and financial assistance.

Certain support services are focus on one special health need. For example, the National Multiple Sclerosis Society provides a free monthly clinic in which a neurologist examines

individuals having multiple sclerosis (MS). A dietician is present to answer questions about diet, and an MS representative is available to provide information and literature.

The society provides financial support by lending medical equipment upon a doctor's statement and the person's financial status. They also assist individuals and families in completing insurance and Medicaid forms when applying for equipment. In addition services are provided for locating equipment and setting up affordable payment plans. Also, workshops are conducted to help educate individuals with MS and their families on living and coping with MS, research on MS, and treatment. It also provides educational material for the general public.

There are numerous support services throughout the United States. Other support services include the American Cancer Society, the Head Injury Foundation, the March of Dimes, and the Spina Bifida Association. A good way to locate support services for a specific special health need in an area is to contact local or area hospitals, the local Department of Human Services, and the City Health Department. Any of these places usually have knowledge on what support services are available in an area or where information on the support services can be found.

Summary

- Individuals with special health needs not only require special care from family members, but they also usually require special medical attention and equipment that can have a financial impact upon the family.
- The use of special equipment is usually not optional to the person needing it.
- Long-term medical care is very expensive including weekly visits to the doctor, rehabilitation, in-home nurses, and extensive hospital stays.
- Special health needs change the financial status of a family, which can cause a heavy strain.
- A person can be prepared for a catastrophic illness by having savings accounts and health insurance including disability insurance.
- Although it is important to have all types of insurance, health insurance is one of the most important investments a person can make.
- A good health insurance plan can prevent a family from being financially drained in the event of a catastrophic illness.
- Types of insurance include the following:
  - hospital expense insurance
  - major medical insurance
  - surgical expense insurance
  - disability insurance
  - worker's compensation insurance
  - health maintenance organizations
  - Medicare
  - Medicaid
- When choosing health insurance, it is important to shop around and compare the policies of several companies. A policy should be selected that will adequately meet a family's needs.
- Sometimes difficulties arise in purchasing health insurance because of preexisting conditions.
- Support services provide a variety of things, such as printed material, educational programs, emotional support, and financial assistance.

Vocabulary

cafeteria style
catastrophe
coordination of benefits clause
deductible
disability insurance
dismemberment
group insurance policy
health maintenance organizations (HMOs)
hospital expense insurance
insurance
major medical insurance
Medicaid
Medicare
participation limits
preexisting condition
premium
presumptive disability clause
prorating clause
rider
subsidized
support service
surgical expense insurance
waiting period
worker's compensation insurance

Review

1. How does a special health need affect a family financially?
2. What are three things a family can do to be prepared for a catastrophic illness?
3. Why do families need savings accounts in the event of a catastrophic illness?
4. What is the purpose of health insurance?
5. What does a hospital expense policy usually pay?
6. What does a major medical policy usually require you to pay?
7. How is the amount you pay for an operation determined if you have a surgical expense insurance policy?
8. What are three common clauses found in a disability insurance policy? What does each clause mean?
9. Which clause(s) and agreements in a disability insurance policy would be most beneficial to you?
10. What is worker's compensation and what does it cover?

11. What is one advantage and one disadvantage of Health Maintenance Organizations?
12. What is the difference between Medicare and Medicaid?
13. Explain the difference between Part A and Part B of Medicaid.
14. How does a preexisting condition affect a health insurance policy?
15. What should be considered when choosing a health insurance policy?
16. What are three advantages of being involved in various support services?

Critical Thinking

Assume that either of your parents or guardians is diagnosed with a life threatening disease. How will this affect your family financially? Remember to consider that he or she may require extensive medical care, special equipment, such as an oxygen tank, and may not be able to continue working. Does your family have a savings account that can be used to help with costs? Does your family have any type of health insurance? If so, what type of health insurance? Remember that Medicare and Medicaid are considered types of health insurance. Does the insurance have a deductible to be met before payment begins? After the deductible has been met what percentage of the cost is paid? Remember that various types of health insurance pay differently. What support services are available in your area or are there any national associations that can be of service through correspondence?

3

Factors Affecting Psychological Family Health

ESSENTIAL ELEMENT

- ❑ Discuss the impact of special health needs on the psychological health of the family.(m.1C)

OBJECTIVES

- ❑ Define psychological health and describe ways to keep it.
- ❑ Discuss methods of building family strengths.
- ❑ Identify the effects of a special health need on a family.
- ❑ Classify patterns of family interaction and analyze how a special health need can affect these patterns.
- ❑ Explain the importance of support groups when coping with a special health need.

Families with special health needs are not only affected financially, but also psychologically. It is important for the family unit to work together as a whole. Each family member should deal with his or her own feelings while being considerate and understanding of other family member's feelings. This chapter covers effective ways for families to handle a special health need through communication and understanding of each other's feelings and needs during a difficult time.

PSYCHOLOGICAL HEALTH OF FAMILY UNIT

The psychological health of the family unit is important and family members must make a group effort to keep it healthy. During stressful times, such as a special health need being present, it can be difficult for a family unit to maintain good psychological health.

The term ***psychological health*** is defined as the condition of the mind and mental functions. Several needs have to be fulfilled to achieve psychological well-being. A person needs mental activity to stimulate his or her mind to develop thinking skills. The need to love and be loved is what gives people a sense of belonging and makes them feel worthwhile and good about themselves. A person who feels worthwhile has a secure sense of belonging. Believing in something and knowing that there is something to hang on to when everything else looks bad and is going wrong keeps a person going.

The psychological health of an individual differs from the psychological health of a family unit. This might be due to the difference in age of family members and the difference in pressures that each member is handling. For example, a sibling might be dealing with the fact that his or her brother/sister has a special health need that requires the parents to give him or her special attention. This could result in the sibling resenting his or her brother/sister with the special health need. On the other hand, parents might be dealing with balancing time between the young sibling and the child with the special health need in addition to the added pressure of being in a financial dilemma due to the special health need.

It is easier for a family unit to deal with psychological health needs than it is for an individual because within a family unit there is support from others. People with special health needs might have more demanding psychological needs because of their possible needs for stimulating mental activity, love and acceptance from others, and feelings of worthiness. Family support is vital in helping a family member with a special health need meet his or her psychological needs.

BUILDING FAMILY STRENGTHS

An important factor to a family unit functioning effectively is every member of the family working together to build family strengths. Characteristics of a healthy family include problem solving, communication, allocation of power, family closeness, and shared values. Utilizing these characteristics of healthy families can have a positive effect in a special health needs situation.

Problem Solving

There are several steps to follow when planning to solve a problem. The amount of success in solving a problem depends upon the completeness, relevance, appropriateness, and flexibility of the plan. Problem solving steps include the following:

1. Identifying the problem.
2. Seeking solutions.
3. Deciding on a plan.
4. Developing progress reports.

Identifying the problem. The family unit should identify the problem. The problem should be defined very clearly and specifically to help find a solution.

Seeking solutions. Seek solutions that will solve the problem or make the problem better. During this step of the process, a family should brainstorm to come up with any and all solutions. This is the time for each family member to speak his or her mind. Everybody must feel very comfortable with being completely honest about their feelings.

Deciding on a plan. During this process, a plan needs to be implemented and organized. This plan might include family members taking on additional tasks due to the

Ways to Develop Listening and Verbal Communication Skills

Develop Listening Skills...

- ✓ Concentrating on what is being said
- ✓ Ignoring distractions
- ✓ Establishing eye contact with the speaker
- ✓ Not interrupting the speaker
- ✓ Asking the speaker to explain in more detail what he or she is saying
- ✓ Listening to the entire message
- ✓ Keeping an open mind to new ideas
- ✓ Listening for feelings that are not verbally expressed by the speaker, such as happiness, sadness, anger, or frustration

Develop Verbal Communication Skills by...

- ✓ Speaking to the listener. Looking directly at the listener and establishing eye contact
- ✓ Not speaking away from the listener
- ✓ Using a courteous and friendly tone of voice when speaking
- ✓ Being tolerant of other individual's points of view, and avoiding complaining and arguing
- ✓ Not monopolizing a conversation by telling every detail of a story

Figure 3.1

special health need. One way of organization is to decide which tasks can be grouped together. Identify all possible resources to solve the problem and decide which resources are the best to use. Obtain commitments from all family members involved in the planning process and specifically outline what each member's responsibility requires.

Developing progress reports. Develop a means for measuring progress to determine if the plan is progressing as proposed. A family unit should have family meetings. For example, set a meeting for the first Monday night of every month. This will allow the family to change the plan if it is necessary, to see if the problem is getting any better, or to identify new problems. If progress is made there should be some type of reward, such as a family night out to eat pizza.

Communication

Communication skills are very important within a family unit. ***Communication*** is the process by which ideas, feelings, and information are shared. The ability to communicate with others is a basic factor in developing and keeping human relationships. To achieve effective family communication, family members must be willing to share ideas, exchange information, give or receive advice, and relate to each other's feelings. Two types of communication extremely important in family relationships are listening to one another and verbal communication.

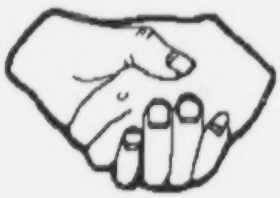
In order to become good listeners, individuals must practice listening and verbal communication skills. Figure 3.1 lists ways to develop good listening skills and verbal communication skills.

Allocation of Power

Each family member is entitled to express his or her opinion in a respectful and acceptable manner. When the final decision must be made, parents assume that responsibility as part of their role. However, if a special health need arises due to the injury of a parent, part of the parent's responsibility and authority might become an older child's responsibility. Mutual respect for all family members can improve the quality of the relationships.

Family Closeness

A family must work together in order to build a close relationship. A family that is emotionally close deals with a crisis much easier. A family that is constantly strong and supportive of each other will be able to handle both the good and bad times. This kind of family can successfully meet the challenges and adaptions a crisis may bring. Sometimes changes are not ideal or pleasant, but the transition is much smoother when family members are tolerant of change.



Shared Values

Traditionally, parents teach their personal values to their children. Families usually share values and pass them down through generations. Families that share values provide another way for closer relationships. When families share the same values, it is usually possible for them to set goals together. In a time of crisis this is helpful. If family members share the same values and goals they will be willing to make adjustments in order to keep the values that have been set and accomplish the goals.

EFFECTS OF SPECIAL HEALTH NEEDS FAMILY MEMBER

A special health need of a family member affects the immediate family members, extended family members, and close friends of the family. Figure 3.2 shows the ripple effect that occurs in a family when a family member has a special health need. This ripple effect has a psychological, emotional, and social impact that can be very troublesome and exhausting.

The Ripple Effect on A Family with Special Health Needs

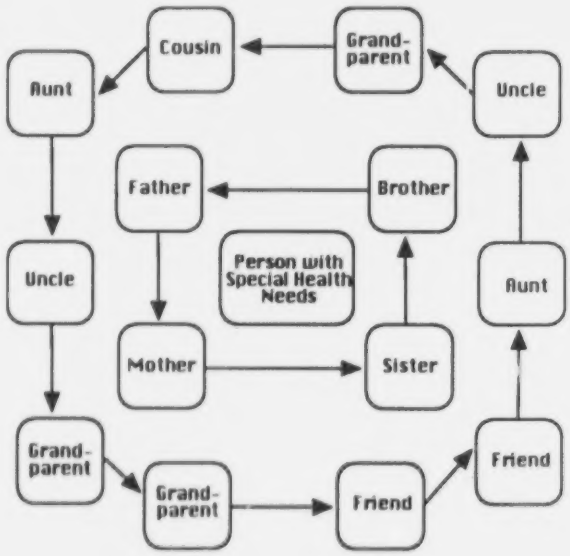


Figure 3.2

Psychological Impact

A special health need has a great psychological impact on a family. If the special health need results from a birth defect or a child being diagnosed with a life threatening disease, many times parents blame themselves and consider this a punishment for something they have done. Brothers and sisters sometimes resent their sibling that has the special health needs because of the time the parents have to devote to that child. If the health needs arises because

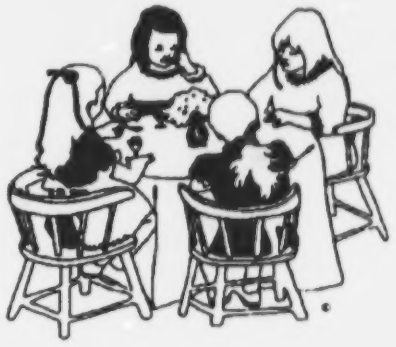
of a spouse's accident, the other spouse is sometimes resentful because the couple's hopes and dreams for the future have been possibly shattered. Sometimes extended family members or family friends will deny the fact that a special health need even exists, or they will blame immediate family members for what has happened. When a special health need becomes apparent, it is important to psychologically deal with it as discussed in an earlier section. If the negative feelings are not dealt with, it becomes harder to adjust and cope to the situation. People must be true to themselves concerning their feelings in order to work through them.

Emotional Impact

Adjusting to a special health need can be an emotional time for a family. When a family member is born with a defect, severely injured in an accident, or diagnosed with an illness, there is a state of shock to work through, and an acceptance to gain. In the early stages, extended family members and family friends sometimes look to the immediate family members for feedback on how the situation is being handled. If immediate family members can control their emotions while informing others about the situation, the immediate family members will receive a positive emotional tone that can help them adjust easier than if they receive a negative emotional tone. Of course, this is extremely hard to achieve because accepting a special health need is an emotional ordeal. However, emotions should not be ignored, they should be talked out with someone, such as family, friends, or a counselor.

Social Impact

There is also a social impact that comes with a special health need. Families have to consider whether or not public places or other peoples homes will have facilities to accommodate for the special health need. If they do not, then plans must be changed, and a family will have to find places that accommodate a special health need. Also, if a person with a special



health need is unable to go somewhere and cannot be left alone, a caregiver must be found to stay with him or her. Refer to Chapter 4 for further information concerning social impacts on families with special health needs.

PATTERNS OF FAMILY INTERACTION

Family interaction is divided into three subsystems: parent-parent, parent-child, and child-child. Usually, the three subsystems of the family interact semi-independently within the family structure. These patterns demonstrate the effects a person with a special health need might have on other subsystems. For example, refer to figure 3.3 for patterns of family interaction, and consider what would happen to family interaction if one sibling in a family of four suddenly became very ill and was hospitalized. One parent would be at the hospital with the sick sibling and one parent would be home with the other sibling. This would reduce parent-parent interaction. The interaction would increase between the parent and child at the hospital, and the parent and child at home. Interaction would decrease between the parent at the hospital and the child at home and between the parent at home and the parent at the hospital. Also, child-child interaction would decrease.

Subsystems may be strengthened by making an effort to communicate on each

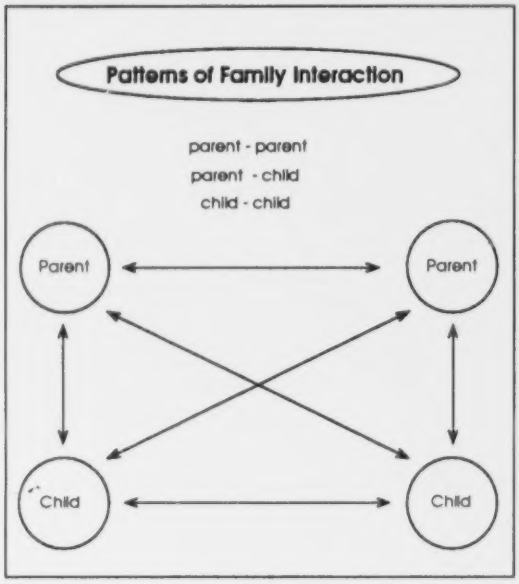


Figure 3.3

subsystem level. Although after a special health need arises, it may be more challenging to communicate on each level.

FAMILY ADJUSTMENTS

Dealing and coping with a special health need is a big adjustment for a family. After a special health need becomes apparent, a family might experience a term of grief. The following are stages of grief that family members might experience; however, not all of these stages are experienced.

- ***Shock/denial***: temporary retreat and disbelief from what has happened. Usually has a numbing effect upon the body.
- ***Emotional release/anger***: an emotional outburst to release tension and stress; hostility is directed toward anyone; this stage usually includes crying.
- ***Depression***: feeling of sadness that helps to cope with the loss that has been suffered.
- ***Physical distress***: feeling of drained strength
- ***Guilt feelings***: feelings characterized by wishful thinking, regret about what was or was not done, or whether the situation could have been prevented.
- ***Hostility*** and ***resentment***: feelings directed toward hospitals or doctors who have done all they can, or against friends and family members who have not experienced such an event.

- ***Acceptance***: the family accepts the special health condition as real and begins to take action to effectively deal with it.

Through all of these stages, family support and communication are important to help maintain the psychological health of the family.

SUPPORT RESOURCES FOR FAMILIES

Adjusting to a special health need can be very difficult for family members and the member who has the special health need. Comfort and support can sometimes be obtained from support groups. The term ***support group*** can be defined as an individual or group that helps others endure hardships under circumstances that they have usually gone through themselves.

Support groups are important to individuals and families because they give them persons to whom they can relate. Others in support groups usually have gone through similar circumstances; so when they say, "I know what you are going through," they usually do. Support groups can offer sympathy, as well as empathy. The term ***sympathy*** refers to a mutual understanding from feeling the same way someone else does. ***Empathy*** is the ability to share in another's emotions, thoughts, or feelings

putting oneself in someone else's position. When a person dealing with the stress of a special health condition needs someone to talk to, a support group offers that support. A support group can also provide services, such as staying with a person with a special health need while the parent(s) or spouse runs errands or goes out for an evening. Or in the case of hospitalization, a support member can stay at the hospital for awhile to allow family members some time away.

A support group can be a group of people that has a chapter that meets once or twice a month in addition to its other activities, or it can be extended family members or close family friends. Support groups are sometimes established in hospitals by families who have met there. In various locations across the nation there are support groups for relatives and/or friends of a person with a special health need, such as Alzheimer's, AIDS, Parkinson's disease, and cancer. Also, the support services discussed in Chapter 2 usually offer some type of support group.

There are several ways of locating support groups in an area or elsewhere. One option is to contact the local Department of Human Services. Another option is to consult a large hospital in the area or the family doctor(s). Also, friends or acquaintances might know of something and volunteer the information.

Support groups are important for both family members and the member with the special health need. They keep the family going and help the members realize that they are not alone, and that successful survival is possible. Support groups can help a person with a special health need overcome feelings of uselessness and depression by sharing examples of others who have overcome disabilities and are living successful and productive lives.

Summary

- It is a group effort to keep healthy the psychological health of a family.
- A person needs mental activity, love, someone to return that love, and a feeling of worthiness to achieve good psychological health.
- It is easier for a family to deal with psychological health needs than it is for an individual because within a family unit there is support from others.
- The steps to problem solving are as follows: to identify the problem, to seek solutions, to decide on a plan, and to develop a means for measuring progress.
- To achieve effective communication in a family, members must be willing to share ideas, to exchange information, to give or receive advice, and to relate feelings.
- The type of family relationships that are constantly strong and supportive of each other can make it easier to successfully meet the challenges of a crises.
- When family members share values, they are usually more willing to make necessary adjustments in the time of a crisis.
- The special health need of a family member affects the immediate family members, extended family members, and close friends of the family. This ripple effect has psychological, emotional, and social impacts that can be very troublesome and exhausting.
- Family interaction is divided into three subsystems: parent-parent, parent-child, and child-child. The three subsystems of the family interact semi-independently within the family structure.
- After a special health need becomes apparent, the family may experience a term of grief, very much similar to the stages of grief.
- Support groups are important because they give individuals and families people they can relate to and gain encouragement from as well as relief.

Vocabulary

acceptance
communication
depression
emotional release/anger
empathy
hostility and resentment
physical distress
psychological health
support group
sympathy

Review

1. What needs does a person have that contributes to good psychological health?
2. Why might the psychological health needs of an individual with a special health need be different from an individual without a special health need?
3. What are the characteristics of a healthy family?
4. Describe the pattern of problem solving.
5. Explain the impact a special health need has on family members.
6. How might patterns of family interaction change as a result of special health needs?
7. Why are support groups important to individuals and families?
8. Who could a make up a support group for a family?
9. Where could a family with a member that has special health needs locate a support group?

Critical Thinking

Assume that a member of your family, excluding yourself, was involved in an accident that has constrained that family member to a wheelchair. What were this family member's responsibilities? Consider changes that might occur, such as one parent having to quit work, a full-time caregiver being brought in, adjustments in daily routines, and the ripple effects resulting from the special health need. Draw a chart, as in figure 3.2, to illustrate the impact of the special health need. How can you personally contribute to your family's psychological health? What methods can be used for effective communication? How will patterns of family interaction change? Make a plan for your family, using the patterns of problem solving.

4

The Person With Special Health Needs and Society

ESSENTIAL ELEMENT

- ❑ Relate societal values to the contributions and perceived worth of individuals with special needs.(m1D)

OBJECTIVES

- ❑ Analyze societal influences on people with special health needs.
- ❑ Discuss effects of societal trends on people with special health needs.
- ❑ Review etiquette tips toward people with special health needs.
- ❑ Identify physical challenges for people with special health needs.
- ❑ List laws for people with special health needs.
- ❑ Describe factors affecting the perceived worth of persons with special health needs.

People with special health needs have a difficult time in our society being accepted as individuals. They might have to make adjustments to achieve what comes easily to others, but they are capable of functioning in society. Although some people with special health needs are limited in their abilities, they are no less human beings.

INFLUENCES ON SOCIETAL TRENDS

Society refers to a group of people who share a common culture and live within a common region. As a whole, society has set values and expectations that influence our views and attitudes. Common characteristics

society holds as valuable are beauty, athletic ability, and social and financial status. People with special health needs sometimes have difficulty fulfilling these expectations and overcoming the challenges of stereotypical ideas others possess.

All societies, cultures, and social groups have assumptions of what it is to be defined as "normal" in respect to language and appearance. When the terms "normal" and "abnormal" are used in reference to a person with a special health need, they imply the person is abnormal. People with special health needs are not abnormal. They are human beings with a special condition.

Society is becoming more aware of facilities and accommodations for people with special health needs. Also, people with special health needs are beginning to be recognized as valuable human beings in our society.

EFFECTS OF SOCIETAL TRENDS

People with disabilities are sometimes given the feeling of alienation and seclusion from the world around them. This produces a negative self-image, along with the feeling of inadequacy to do and be as others, which is far from the truth. ***Societal trends*** have a definite effect on people, especially those with special health needs. Societal trends are the current tendencies of people living together as a group.

Self-esteem

Often, society does not help promote good self-esteem for people with special health needs. ***Self-esteem*** can be referred to as a personal assessment of one's competence and worth. It also refers to one's ***self-concept***, which is the image a person has of himself or herself. Self-esteem is made up of the positive or negative feelings and thoughts people have about themselves. If others show a person possessing special health needs acceptance, that individual is likely to feel good about himself or herself and have a high self-esteem. However, if an individual is treated with a lack of acceptance by others, he or she is likely to have negative thoughts about himself or herself resulting in a low self-esteem. Self-esteem is influenced by many factors including the following:

- family
- past experiences
- relationships
- personal achievements
- community experiences
- television
- advertising

An individual's self-esteem affects every aspect of his or her life and is a critical part of physical and mental well-being.

Past experiences. If people with special health needs have had primarily negative experiences in the past, they tend to expect negative experiences at the present from others. They might be defensive and automatically act as if they are going to receive a negative response. On the other hand, this is also true concerning positive experiences. If people with special health needs have had positive experiences of acceptance in the past with others, it can be devastating when their expectations of

acceptance are rejected.

Relationships. People with special health needs usually have very close relationships with family members and family friends. However, it is sometimes difficult for a person with special health needs to form new relationships because of the standoffish nature of others. Society must realize that people with special health needs also have personalities.

Personal achievements. When people achieve a goal they feel good about themselves. There are many areas in which a person with special health needs can succeed, such as academics, crafts, and sports. Although a person with special health needs might be limited in some areas, there are many other areas that he or she can explore and conquer.

Community experiences. A community affects people with special health needs by the attitude it conveys. There are several things that make people with special health needs feel good about the community they live in, such as how individuals treat and respond to them, the facilities adapted for them, and the services or programs available to them.

Television. Television is a big part of many people's lives. Most television shows do not address problems about people and families with special health needs. This lack of representation lowers the self-esteem of people with special health needs. However, it can be a boost to the self-esteem of people with special health needs to see others they can relate to through television shows.

Advertising. Most advertisements reinforce societal values, such as beauty and physical perfection. People and families with special health needs are frequently not represented in advertisements even though they are a part of the shopping market. However, some advertisements are beginning to have people with special health needs. For more information on advertising and special health needs refer to Chapter 7.

ETIQUETTE TOWARD PEOPLE WITH SPECIAL HEALTH NEEDS

Several cities across the United States have adopted a Disability Etiquette Handbook. The term ***etiquette*** refers to acceptable forms of behavior in social relations. These handbooks are to inform the general public on socially acceptable ways to address people and families having special health needs and to school people on definitions and the correct terminology that should be used.

People should be careful how they use the terms "disability" and "handicap" because these two words have different meanings. The word ***disability*** refers to a condition caused by accident, trauma, genetics, or disease that might limit a person's mobility, hearing, vision, speech, or mental function. An individual may have one or more disabilities. A ***handicap*** is a physical or attitudinal constraint that is imposed upon a person regardless of whether that person has a disability. The dictionary defines handicap as "to put to disadvantage." For example, stairs, narrow doorways, and curbs are handicaps imposed upon people with disabilities who use wheelchairs.

The following guidelines can be used concerning proper etiquette toward people with special health needs:

- Use a normal tone of voice when communi-

cating verbally — not all people with disabilities have a hearing problem.

- When introduced to a person with a disability, offer to shake hands. People with limited hand use or who wear artificial limbs can usually shake hands.
- When addressing a person who uses a wheelchair, never lean on the person's wheelchair. The chair is part of the space that belongs to the person who uses it.
- When talking with a person who has a disability, look at and speak directly to that person, rather than through a companion.
- Offer assistance in a dignified manner with sensitivity and respect. Be prepared to have the offer declined. Do not proceed if your offer to assist is declined. If the offer is accepted, listen and follow instructions.
- For those individuals and families coping with a disease or terminal illness, show concern, but realize they also want to talk about other things.
- Relax and remember that first and foremost the individual is a person. Treat him or her as such.

Refer to table 4.1 for a glossary of acceptable and non-acceptable phrases to use. For more information on further etiquette tips on specific disabilities, contact your local employment office or Health Department.

PHYSICAL CHALLENGES

People who do not have special health needs take for granted the physical stress of those who do have special health needs. A simple task can be very difficult. The following simulation can help a person gain a better understanding of physical problems experienced by people with disabilities.

1. Simulate poor vision by rubbing petroleum jelly on eye glasses. Try to read or walk while wearing the glasses.
2. Simulate stiff joints by taping wooden sticks to your fingers. Try to do simple tasks, such as holding a glass, peeling an orange, tieing a shoe lace, buttoning a shirt, or opening a medicine bottle.
3. Borrow a wheelchair. Sit in the wheelchair and move about the school and try to engage in your daily routine. Try activities such as washing dishes. What handicaps were encountered?

4. Simulate blindness by covering your eyes with a blindfold. Try walking to your next class or moving about the house. Think of activities to participate in that might not be possible now because of blindness.
5. Borrow a set of crutches. Move about the school and engage in daily routines. What handicaps were encountered?
6. Put arm in a sling for a day. How does having no use of the arm or fingers affect daily routine?

It is very hard for a person to perceive what it is like to have a disability and to encounter simple obstacles of everyday life. People with special health needs have to continuously make adjustments sometimes as often as everyday.

LAWS FOR A PERSON WITH SPECIAL HEALTH NEEDS

There are several laws that have had positive influences on the lives of individuals with special health needs. These laws relate to education, taxes, employment, public access, and rights of individuals with special needs. Laws related to special health needs include the following:

- Elementary and Secondary Education Act of 1965
- Handicapped

Glossary of Acceptable Phrases

ACCEPTABLE	NOT ACCEPTABLE
Person, person with a disability	Handicapped person, crippled
Disability	Handicap, handicapped
Deafness/hearing impairment ***Deafness*** refers to a person who has a total loss of hearing. ***Hearing impairment*** refers to a partial loss of hearing within a range from slight to severe. ***Hard of Hearing*** describes a hearing impaired person who communicates through speaking and speech-reading, and who usually has speaking and listening abilities adequate for ordinary telephone communication. Many hard-of-hearing individuals use a hearing aid.	Deaf and dumb This is as bad as it sounds. Inability to hear or speak does not indicate lack of intelligence.
Person who has a mental or developmental disability	Retarded, moron, imbecile, idiot
Uses a wheelchair with crutches; a wheelchair user; walks with crutches	Confined/Restricted to a wheelchair or crutches
People who do not have a disability	Normal/Healthy When used as the opposite disabled implies the person is abnormal and unhealthy. Many people with disabilities have excellent health.
A person who has (name the disability).	Afflicted with/Suffers from A disability is not an affliction. An affliction may cause a disability. Most people with disabilities do not regard themselves as suffering continually.

Table 4.1

Children's Early Education Assistance Act of 1968
- Rehabilitation Act of 1973
- Education for All Handicapped Children (1975)
- Vocational Education Amendments of 1976
- Tax Reform Act (1976)
- Tax Reduction and Simplification (1977)
- Americans with Disabilities Act (1990)

These laws provide positive advances for people with special health needs and each are discussed in Chapter 9.

PERCEIVED WORTH OF PERSONS WITH SPECIAL HEALTH NEEDS

Many times people with special health needs have negative feelings about themselves. These negative feelings might develop as a result of how they feel they are perceived by others or because they are no longer able to participate in several activities once enjoyed. Whatever the reason, negative feelings are harmful because they continue to bring a person down, lowering his or her self-esteem. Although not all persons with special health needs express feelings in the same way, there are some tendencies they might share. Figure 4.2 identifies some of the tendencies that are helpful to remember when working with a person having special health needs.

Family and friends play a vital role in helping a person with special health needs overcome negative feelings. Some things families and friends can do to help include always being supportive, encouraging, and keeping a positive attitude. They should let the person with the special need know that they believe in him or her. This will help the person also believe in himself or herself. Also, the individual should be encouraged to participate in activities.

It is important for people with special health needs to participate in activities. There are activities that have been designed especially for people with special health needs. Examples include Special Olympics and wheelchair basketball. There are other activities that a

When Working With People Who Have Special Health Needs, Remember They...

- Might have feelings of worthlessness (must be helped to feel that family, teachers, and friends think of them as worthwhile
- Might lack pride, self-respect, and can be overly aggressive or withdrawn
- Might not be realistic about what they can do (must be encouraged to live with their weaknesses and emphasize their strengths
- Might lack faith in themselves and need experiences that bring success
- Might have a fear or reluctance of taking responsibility
- Might be extremely dependent on family and friends
- Might not be emotionally mature enough to deal realistically with the future
- Might lack self-confidence due to insecurity caused by the physical or learning disability
- Might be overly demanding of another's time
- Might have developed negative attitudes which affect the self-concept and hinder motivation

Figure 4.2

person with special health needs can achieve in such as swimming, horseback riding, and skiing. Some of these activities might require special equipment, but they are still possible.

The perceived worth of a person with special health needs can increase and improve as a result of participation in activities. This gives a sense of accomplishment, belonging, and achievement. It allows them to prove to themselves that they are capable of doing what others do. Participation in activities also improves the general public's perceived worth of persons with special health needs. When a person has a high self-worth, others can sense that feeling of confidence.

Summary

- ❑ It is sometimes difficult for a person with special health needs to meet the expectations of society.
- ❑ All societies, cultures, and social groups have assumptions of what it is to be defined as "normal" in respect to language and appearance.
- ❑ Societal trends have a definite effect upon people, and generally do not promote good self-esteem for people with special health needs.
- ❑ Self-esteem is influenced by the following factors:
  - past experiences
  - relationships
  - personal achievements
  - community experiences
  - television
  - advertising
- ❑ Disability Etiquette Handbooks are to inform the general public on socially acceptable ways of addressing people and families with special health needs.
- ❑ People with special health needs have to continually make adjustments for physical challenges they encounter.
- ❑ There are several laws related to education, taxes, employment, public access, and rights that have had positive influences on the lives of individuals with special health needs.
- ❑ Family and friends play a vital part in helping a person with special health needs overcome negative feelings of self-worth.
- ❑ A person who has special health needs can improve his or her perceived worth as a result of participation in activities such as Special Olympics.

Vocabulary

disability
etiquette
handicap
self-concept
self-esteem
society
societal trends

Review

1. What values and expectations of most people does society hold?
2. How does society affect a person with special health needs?
3. What factors influence self-esteem and how do these factors affect a person with a special health need self-esteem ?
4. What is the difference between a disability and a handicap?
5. List five guidelines to use when interacting with people who have special health needs?
6. Explain the difference between deafness, hearing impairment, and hard of hearing.
7. What are some of the physical challenges people with special health needs face?
8. List five laws that have positive influences on the lives of people with special health needs.
9. Why might people with special health needs develop negative feelings about themselves?
10. How can family and friends promote positive feelings in an individual with special needs?
11. What activities might encourage self-worth in a special needs individual? Why?

Critical Thinking

Assume you are injured in an accident and now require a wheelchair for mobility. How would you expect people to react to you? Think about the daily activities and tasks you are involved in, daily tasks such as getting dressed, and how being in a wheelchair will change these activities. Remember things like sports, where a wheelchair will fit or not fit in your school or home, getting in and out of vehicles, and attending events such as football games. Also, think of places you go that do not have ramps or elevators. What are some activities in which you can be involved?

5

Special Health Conditions

ESSENTIAL ELEMENT

- ❑ Discuss special health conditions, their causes, and prevention. (m.2A)

OBJECTIVES

- ❑ Discuss several specific special health conditions.
- ❑ Identify causes for these special health conditions.
- ❑ Distinguish characteristics and symptoms of special health conditions.
- ❑ Describe possible prevention techniques for special health conditions.
- ❑ Discuss possible forms of treatment for some special health conditions.

In Chapter 1 causes and sources of special health needs are divided into four general categories. The categories include birth defects, accidents, aging, and illnesses/disorders. It is also discussed in that chapter how these four categories sometimes overlap each other; therefore, a special health conditions might not be identified with one specific cause or source. This chapter will cover specific special health conditions, including causes of conditions, characteristics and symptoms, prevention techniques, and treatments. As you read through this chapter, classify each condition in the four categories.

ALZHEIMER'S DISEASE

Alzheimer's disease is a condition of the brain causing an increasing loss of memory in

the earlier stages and physical decline in the later stages of the disease. Besides age, there has been no indication that any other demographic or ethnic patterns are consistently related to Alzheimer's disease. Both men and women are equally likely to have Alzheimer's.

The primary symptom of Alzheimer's disease is memory loss. In the early stages of the disease, daily events are forgotten but events that occurred many years ago can be clearly recalled. As the disease progresses, memory loss worsens and events that happened years earlier are forgotten. Other mental abilities decline, such as judgement and reasoning. Physical development declines in the later stages of the disease leaving the person with Alzheimer's unable to care for himself or herself and possibly bedridden.

Presently, there are no known prevention techniques or even knowledge as to what exactly causes this disease. Alzheimer's disease is associated with old age but it is not an inevitable consequence of aging.

There is no known cure for Alzheimer's. However, a drug ***tetrahydroaminoacridine (THA),*** has shown progress in helping memory. Adequate rest, avoidance of stress, and attention to nutrition can help comfort a person with Alzheimer's.

OSTEOPOROSIS

Osteoporosis is a bone disorder causing a reduction in bone density and an increase in bone porosity and brittleness. This disorder can result from such things as hormonal diseases, injury or inflammation, lack of physical activity, and natural bone loss that occurs as a person ages. Women past menopause are most commonly affected.

There is usually no warning of the presence of osteoporosis presence until an injury. When osteoporosis is present the bone is extremely fragile and might fracture from even minor injuries. A lifelong combination of regular exercise and a diet high in calcium is recommended to help prevent osteoporosis.

There is no cure for osteoporosis but treatment from medication can slow its effects. However, the effectiveness of this treatment tends to lessen after one or two years.

CANCER

Cancer is a disease that causes cells to multiply without control, destroy healthy tissue, and endanger life. Some people inherit the tendency to develop cancer. Cancer mainly develops through repeated contact for a long period of time with one or more ***carcinogens***, which are cancer-causing agents. Carcinogens are things such as tars in tobacco smoke, a variety of chemicals, certain kinds of radiation, and certain kinds of viruses. There are numerous types of cancer, such as leukemia, breast cancer, lung cancer, skin cancer, and stomach cancer.

There are no apparent symptoms of cancer in its beginning stages, but symptoms might

begin appearing before the disease spreads. The American Cancer Society lists seven warning signals that people should be aware of, and if any of these symptoms continue longer than two weeks, a physician should be consulted immediately. The warning signals are as follows:

- Change in bowel or bladder habits
- A sore that does not heal
- Unusual bleeding or discharge
- Thickening or lump in breast or elsewhere
- Indigestion or difficulty in swallowing
- Obvious change in wart or mole
- Nagging cough or hoarseness

There is no guaranteed prevention from getting cancer, but there are habits to follow that reduces the risk of cancer. Figure 5.1 lists these habits.

There are three main methods used to treat cancer: surgery, radiation therapy, and drug therapy. Usually treatment consists of two of the methods, or sometimes all three methods are used. The main method for treating cancers of the breast, colon and rectum, lung, stomach, and uterus is surgery, which usually involves tumor removal and repair of affected organs. ***Radiation therapy*** is a method used to kill cancer cells with the use of X-rays or radioactive substances. This is the main method of treatment for cancer in the bladder, the cervix, the skin, or parts of the head and neck. Drug therapy, better known as ***chemotherapy***, uses anticancer drugs designed to kill cancer cells with as little injury to normal cells as possible. However, this method does do some damage to normal cells causing unpleasant side effects, such as nausea and high blood pressure.

For more information about specific kinds of cancer contact the American Cancer Society.

DEAFNESS AND HEARING IMPAIRMENTS

Deafness and hearing impairments are defined differently, although some people use the terms interchangeably. ***Deafness*** is a total loss of hearing. ***Hearing impairment*** refers to

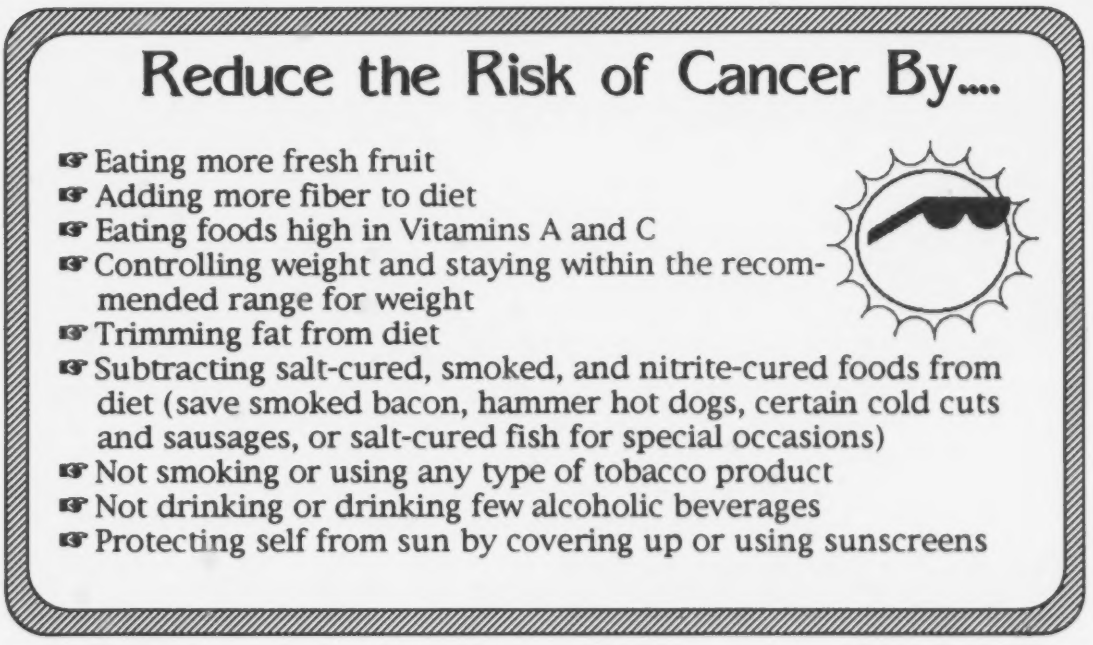

Reduce the Risk of Cancer By....
Eating more fresh fruit
Adding more fiber to diet
Eating foods high in Vitamins A and C
Controlling weight and staying within the recommended range for weight
Trimming fat from diet
Subtracting salt-cured, smoked, and nitrite-cured foods from diet (save smoked bacon, hammer hot dogs, certain cold cuts and sausages, or salt-cured fish for special occasions)
Not smoking or using any type of tobacco product
Not drinking or drinking few alcoholic beverages
Protecting self from sun by covering up or using sunscreens

Figure 5.1

partial loss of hearing ranging from slight to severe.

There are several causes of hearing disorders including birth defects, illnesses/diseases, injuries, and environmental factors. Birth defects account for several cases of hearing disorders from inherited defects in the auditory system to the condition of a mother during pregnancy. Auditory systems can be affected if a woman has German measles during pregnancy or if Rh factor exists. The ***Rh factor*** is a substance in an unborn baby's blood that is not in the mother's blood. Sometimes the mother's blood produces substances that attack the Rh factor causing damage to the baby's auditory system.

Illnesses and diseases are the cause of most cases of ear infections. Also affecting the ear in this category are illnesses resulting in high fevers and diseases within specific parts of the ear. Injuries, such as head injuries, blows to the head, and burns about the head can damage the ear in various areas. Environmental factors affect hearing, such as accidents or exposure to loud noise over a long period of time, which can eventually lead to permanent deafness. Also, aging can result in hearing impairments.

Characteristics of hearing disorders include a wide variety of levels from not being able to hear at all to having a difficult time hearing, or being unable to hear certain sounds, such as doorbells and high musical notes. To prevent hearing disorders, avoid loud sounds or use ear plugs and muffling devices to reduce noise level in the ears.

Medical treatment for hearing loss includes medication, draining fluids from the eardrum, and surgery. People who are hearing impaired usually use ***hearing aids***, which are electronic devices placed in the ear to amplify sound.

HEART AND LUNG DISEASE

The heart can be referred to as the pump of the human body because with each pump it shoots blood throughout the body carrying oxygen and food to the body's cells. The lungs are the chief breathing organs, which receive oxygen through the mouth and nose. As with other body parts, the heart and lungs can also cause a special health need.

Heart Disease

There are several types of heart conditions. Some of these conditions are present at birth, hereditary, and develop over a life span due to daily dietary and exercise habits.

Coronary Artery Disease. ***Coronary artery disease*** (CAD) is the most common form of heart disease. The disease affects the blood vessels by narrowing the coronary arteries. This then reduces the blood supply to the heart. The blood carries the oxygen and nutrients the heart needs to keep functioning. When the oxygen supply is low the heart's ability to pump is reduced.

There are several causes of this disease, which are referred to as ***risk factors***. Some risk factors are controllable and others are not. The risk factors are as follows:

- Men more likely than women to get CAD
- Older people more likely than younger people to get CAD
- heredity
- High cholesterol level
- High blood pressure
- Cigarette smoking
- Diabetes
- Obesity or extreme fatness
- Stress

Coronary Artery Disease usually takes years to develop. As this disease progresses, deposits of fat and calcium build up on the walls of the arteries, reducing blood flow or completely blocking the artery. Some people might suffer from pain due to CAD, while

others might not feel any pain or even know they have such a heart condition. As the disease worsens, it can cause a heart attack, which is usually the first symptom to appear, or sudden death. This usually does not occur until age fifty or later. However, some earlier symptoms can appear, such as chest pains after exercising or some other activity that works the heart more than normal activities.

If a person goes for regular physical examinations, doctors are able to detect controllable risk factors and can offer advice to quit smoking, follow a strict diet, control high blood pressure, lower cholesterol intake, or reduce stress levels. There is no cure for CAD, but doctors can treat patients with medication, surgery, or advice on lifestyle habits that can slow down the development.

Heart Attacks. A ***heart attack*** is when the blood supply to the heart is inadequate, producing damaged heart muscles. Symptoms of a heart attack include spasms of pain in the chest, dizziness, indigestion, or a dull ache in the chest, neck, jaw, arms, or back. Such pain can last for a few minutes or for several hours. Some people experience no symptoms before having a heart attack. If a person thinks he or she is having a heart attack, he or she should seek medical attention immediately. The recovery process is slow, but it is possible with gradual increase in exercise and physical activity, along with proper diet and maintenance of high blood pressure and cholesterol.

Birth Defects of the Heart. A heart disorder that is present at birth is called a ***congenital heart disease***. The two common congenital heart defects are abnormal openings in the heart or narrowed sections that block the flow of blood, which causes unusual sounds referred to as ***heart murmurs***. Although it is not known what causes these disorders in newborns, many of the cases can be corrected by surgery.

Valve Disease. Scarred, deformed, or dysfunctional flaps of the heart are referred to

as ***valve disease***. This condition usually is a result of a congenital heart defect or an illness endured as a child that produced extremely high fevers, such as Rheumatic fever. Symptoms of valve disease include a shortness of breath during exertion, fatigue, continual cough, and some chest pains. This disease can be corrected by medication or surgery. If the problem is not corrected, heart failure can occur.

Inflammatory Heart Disease. ***Inflammatory heart disease*** can result from infectious diseases, arthritis, or kidney failure, causing swelling, heat, pain, and the retention of fluid in various parts of the heart. If not treated, the condition can be life threatening. Treatments for the disease include surgical procedures, medication, and in extreme cases, a heart transplant.

Heart Failure. The condition in which the heart pumps inefficiently, but does not stop beating is called ***heart failure***. Heart failure is usually a result from coronary artery disease and valve disease. Treatment includes medication, surgery, or a heart transplant.

Lung Disease

There are so many different causes of lung diseases that they are usually classified according to the lung functions they affect.

Obstructive Lung Diseases. ***Obstructive lung diseases*** cause airways to become smaller and partly blocked. Examples of this type of lung disease is emphysema, asthma, and chronic bronchitis. The main causes of these

types of diseases are cigarette smoking and air pollution.

Restrictive Lung Diseases. These types of lung diseases causes a stiffening of the lung or chest wall, making it hard for the respiratory system to expand and respond to nerve signals. ***Restrictive lung diseases*** are caused by breathing in substances, such as coal dust.

Pulmonary Vascular Diseases. ***Pulmonary vascular diseases*** occur when the circulation of the blood in the lungs is infected. One example of these types of diseases includes pulmonary hypertension, which makes it difficult for the right side of the heart to pump blood because small blood vessels of the lung become smaller.

ORTHOPEDIC IMPAIRMENTS

Orthopedic impairments deal with disorders and deformities of the bones, muscles, limbs, and spine. Causes of orthopedic impairments include disorders present at birth, childhood problems associated with growth, aging, injury, and illness. For example, a person injured in an automobile accident might have the condition of paraplegia or quadriplegia. ***Paraplegia*** is paralysis of the entire lower half of the body. ***Quadriplegia*** is total paralysis of the body from the neck down.

Treatment for orthopedic impairments include medication, surgery, physical therapy, or devices known as orthotics. The term ***orthotics*** refers to surgical devices that activate a disabled limb. These treatments might be combined for an impairment. For example, after surgery has been performed, physical therapy may be prescribed. Other devices might be used in therapy, such as orthotics, which produces electrical impulses to promote limb use. Surgery sometimes includes the replacement of joints or limbs with ones made of plastic, metal, or other materials.

SPEECH IMPAIRMENTS

Speech impairments are defects in the manner which a person speaks. There are five main categories of speech impairments. They are as follows:

- articulation problems
- stuttering and fluency problems
- voice disorders
- delayed speech
- aphasia

Articulation refers to pronouncing or talking clearly and distinctly. Articulation problems involve such difficulties as pronouncing certain sounds while talking.

Stuttering refers to a series of repeated sounds. In speech, if a person pronounces a certain sound several times before saying the complete word, the person is stuttering. ***Fluency*** refers to being able to talk easily and smoothly.

Voice disorders involve problems such as voice quality, voice pitch, and voice volume. ***Delayed speech*** problems are characterized by slow language development in a child, which is sometimes a result of the environment where he or she has been given very little encouragement to talk. This type of environment may not allow for normal development of speech skills.

The term ***aphasia*** refers to a partial or total loss of capability to talk or to understand words. This condition is usually a result of a type of brain disease or an injury.

In the United States about 6 percent of the population have a type of speech impairment. Sources of these impairments include brain damage, cleft plate, disease of the larynx, hearing impairments, or deafness. Refer to figure 5.2 for the percentages of the different types of speech impairments in the United States.

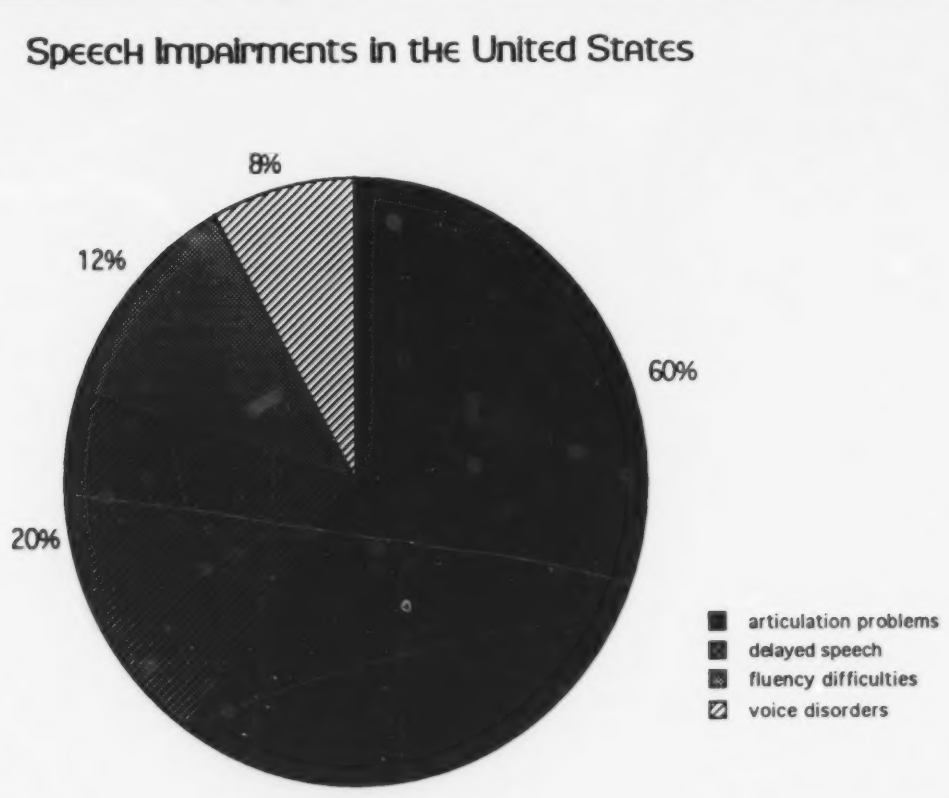


Figure 5.2

Treatment of speech impairments includes therapy from a speech pathologist. A therapist considers several different factors when planning a program for specific people. Each patient has a program designed with his or her individual needs in mind. When developing a program, a therapist generally considers the following:

- Age of the patient
- Case history
- Type of speech disorder
- Data gained during therapy
- Contact with those who are close to the patient, such as teachers and family

Types of therapy include the use of audio and video recording machines, teaching new speech skills, and individual sessions and group sessions with others who have the same speech impairment.

VISUAL IMPAIRMENTS

The definitions of visual impairments and blindness are like that of deafness and hearing impairments; although some people use the terms interchangeably, they are different. A ***visual impairment*** refers to a partial loss of sight within a range of slight to severe. ***Blindness*** refers to a total loss of sight.

The causes of visual impairments and blindness vary from circumstances present at birth, to diseases, accidents, injuries, and aging. There are several different types of defects and diseases of the eyes.

Defects of the Eye

The most common physical disorder of humans is eye defects. Although most eye

defects can not be cured, a person's vision can be normal by wearing eyeglasses or contact lenses. There are five common eye defects.

Nearsightedness is an eye defect that causes objects at a distance to be blurred, but objects close to the viewer to be clear. ***Far-sightedness*** is when objects close to the viewer are blurred, but objects at a distance are clear. ***Astigmatism*** is when objects are blurred nearby and at a distance because of a misshapen cornea.

Strabismus is present when two different points are seen because the eyes are going in two different directions. This commonly occurs in young children and can be corrected by glasses, eye drops, surgery, or by wearing a patch over one of the eyes.

Color blindness is an eye defect where the eyes are unable to distinguish between certain colors. This condition is usually present at birth and can not be corrected; however, it does not get worse. This defect is more common in males than females.

Eye Diseases

There are several different diseases of the eye, and eye diseases causes 95 percent of blindness in the United States.

Cataracts is the cloudy substance over the lens that reduces vision or causes blindness. The most common cause of this eye disease is aging, and it can be corrected by surgery.

Glaucoma is an eye disease that narrows vision because the fluid that nourishes the cornea and the lens does not drain properly. Methods for correcting Glaucoma vary from a simple treatment like eye drops to a more complex treatment like surgery. Diseases of the outer parts of the eye include a sty, a chalazion, and conjunctivitis. A ***sty*** is an infection on the eyelid that looks like a pimple. A ***chalazion*** is a lump that forms under the lid. Both of these can be cured with the application of a moist, warm cloth or by minor surgery.

Conjunctivitis, commonly known as pink - eye, is inflammation of the membrane lining the eyelids. The eyes become red and watery, and usually the condition is contagious. In most instances the disease can be cleared up by medication, although in severe forms surgery might be required.

The most common eye diseases are those of the ***cornea***, which makes up the outer layer of the eye and has the least protection of any other eye part. Infections of the cornea usually occur by some type of particle flying in the eye or by a scratch from the fingernail. Ordinarily, these are treated by antibiotics in the forms of drops or ointments. The disease in which the cornea becomes cone-shaped is referred to as ***keratoconus***. This may be treated with glasses or contacts, but in severe cases the cornea must be replaced by surgery.

The ***uveal tract*** is the middle layer of the eyeball which contains the ***iris***, the colored disk behind the cornea, and the ***pupil***, the black circle in the center of the iris. Diseases of the uveal tract include inflammation of the various parts of the tract. These conditions are treated by medication to reduce and clear up the inflammation. The uveal tract is where a cancerous tumor can form. Treatment for this includes removal of the tumor or eye, or radiations treatments to prevent spreading of the cancer.

The ***retina*** is the innermost lining of the eyeball that is directly connected to the brain by

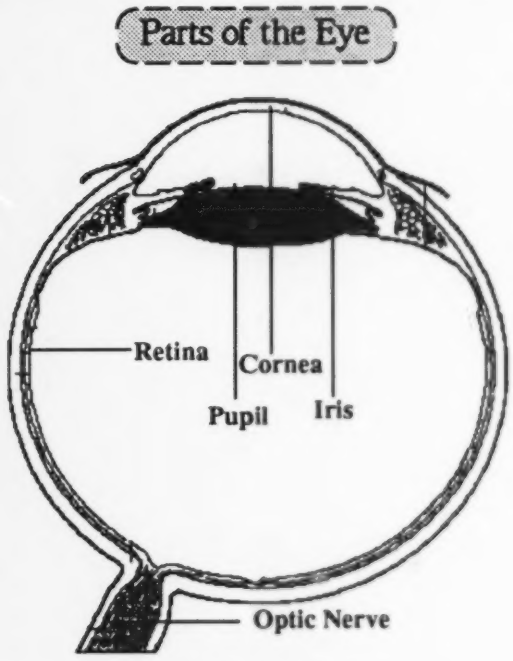


Figure 5.3

the optic nerve. Diseases of the retina include diabetic retinopathy, a detached retina, macular degeneration, retinitis pigmentosa, retinoblastoma, sickle cell retinopathy, and retinopathy of prematurity. ***Diabetic retinopathy*** is associated with people who have diabetes in which the blood vessels of the retina may leak, close up, or begin to grow causing blindness which can sometimes be corrected by surgery. A ***detached retina*** is when the retina pulls away from where it is connected, but it can be corrected by surgery. A group of diseases called ***macular degeneration*** cause the loss of ability to see objects that the eyes are looking directly at, but the eyes see side visions. This is caused by inheritance or aging, but the disease can be helped by special magnifying devices or laser surgery. ***Retinitis pigmentosa*** affects sight causing night blindness, tunnel vision, or complete loss of sight. This disease is inherited and no treatment has been found. ***Sickle cell retinopathy*** is caused by the blood disease sickle cell anemia and causes the blood vessels of the retina to clot or grow and bleed, which usually results in blindness. This condition is sometimes successfully treated by laser or eye surgery. ***Retinopathy of prematurity*** occurs in some premature infants. This condition can cause the blood vessels of the retina to develop abnormally causing permanent reduced vision or blindness. Surgery might improve the condition.

The optic nerve connects the retina of the eye to the brain. This nerve can be affected by inflammation, tumors, infection, and other diseases.

The eyes should be protected by wearing safety goggles or glasses when working around things that throw particles such as electric saws. Some athletes wear safety glasses for protection during sporting events. Also, use contact lenses, eye makeup, and sun lamps with caution by following procedures prescribed for these items. Never look directly at the sun. Also, an individual should have an eye examination every few years until age forty. After that the eyes should be examined once a year. Following these few suggestions can help protect the eyes.

INTELLECTUAL AND EMOTIONAL NEEDS

Intellectual means using the ability to reason, understand, or perceive things, such as differences. Special health conditions concerning intellectual needs can include learning disabilities present at birth, aging, or injuries from an accident. Treatment might include special classes for a child with learning disabilities or one-on-one work with a therapist in a specialized field.

Emotions are feelings and reactions a person has about thoughts or events that take place. Special health conditions that arise from emotional needs involve learning how to control and deal with emotions. People some-

times need counseling in order to learn how to cope with the emotions they are feeling. Learning how to handle emotions and express them can be a challenge throughout life.

MENTAL ILLNESS

A ***mental illness*** is a disease of the mind that affects thoughts, feelings, or behavior that can last for years making it difficult for an individual to carry out everyday tasks or get along with others. Another term for mental illness is ***mental disorder***, an irregularity of normal functioning of the mind, or ***psychosomatic***, a physical disorder of the body in the mind. The term psychosomatic comes from the word ***psyche***, which means having to do with the mind, and ***somatic*** is the outer walls of the body separate part from the mind and soul.

A mental illness affects a person's ***personality***, which is the traits and characteristics that make up a person. ***Neurosis*** is a mild mental disorder that does not greatly affect a person's everyday activities. ***Psychosis*** is a severe mental disorder that prevents a person from functioning in everyday activities. Examples of mental illnesses includes phobias, schizophrenia, depression, and anxiety.

People with mental illness posses various characteristics and symptoms from being withdrawn from reality and unaware of their surroundings to causing physical harm to themselves or others. For example, a person with schizophrenia has a splitting of the mind, and his or her thinking, mood, awareness, and behavior is unpredictable.

Factors such as a birth defects, diseases, injuries, environmental conditions, unpleasant childhood experiences, emotional stress, and trauma can all serve as causes for mental illnesses. However, the causes are not fully understood and probably result from a combination of factors.

People with mental disorders need to seek treatment from professionals trained in mental health. Psychiatrists and psychologists are such professionals and give treatment from private practices, clinics, community mental health centers, or hospitals.

Mental illness can be treated various ways. Drug therapy involves the use of several types of medication that have proved very successful, but these may have serious side effects, such as drowsiness and muscle weakness. Psychotherapy involves discussions and activities among a therapist and one or more patients. ***Electroconvulsive therapy*** uses electric currents that shorten the length of time for depression, but it does not prevent future occurrences.

Psychosurgery is used when the mental illness is affected by an over production of chemicals or nerve impulses in a specific area of the brain. The surgery destroys or removes the defective area. This method has been used to treat people with severe depression, compulsions, or anxieties.

Hospitalization is usually necessary for people with mental illnesses that require constant medical attention. This method also allows for patients to be removed from stress that might be contributing to the illness and prevents them from hurting themselves and others.

BIRTH DEFECTS

A ***birth defect*** is an irregular condition a baby has at birth that affects the body's structure or function. This condition might be visible and detectable at the time of birth or it might be unknown until later in life. There are new birth defects discovered each year, with over a thousand already having been identified.

Some examples of birth defects include being mentally challenged, spina bifida, cleft

palate, and clubfoot. As discussed in Chapter 1, the term mentally challenged generally replaces the term mentally retarded. ***Spina bifida*** is a spinal defect resulting in various disabilities, such as a lack of feeling in parts of the body, a lack of ability to control bladder and bowel functions, and the possibility of being mild to moderately mentally challenged. ***Cleft palate*** is an opening from front to back in the middle of the roof of the mouth. This defect generally causes speech impairments and chronic ear infections. A ***clubfoot*** is when the foot is twisted in appearance either downward and inward, so one can only walk on the toes or on the outside of the foot. The foot is bent upward and outward so only the heel can be used for walking.

Exact causes of birth defects are unknown, but it is predicted that environmental conditions and heredity has a connection to defects. Environmental conditions include a mother's health and lifestyle during pregnancy. The risk of birth defects is increased if the mother has German measles, smokes, consumes alcohol, takes drugs, or has X-rays taken during pregnancy. Heredity factors can sometimes be predicted through a genetic counselor. Defects can be inherited from one or both parents.

Often, birth defects can be avoided sometimes if a woman has been vaccinated before pregnancy and has good health and medical care throughout pregnancy. Good nutrition habits prior to and during pregnancy also help prevent birth defects. If a couple has a fear that they might pass a defect to their child, a genetic counselor should be consulted before pregnancy.

BRAIN DISORDERS

Brain disorders are any conditions that prevent the brain from functioning normally. These disorders can result from injuries, diseases, and inherited disorders. The seriousness of a brain disorder depends on the area of the brain that has been damaged, which can be detected by an instrument called an ***electroencephalograph*** or an ***EEG***. If brain cells are destroyed the condition is serious because the body cannot replace those cells.

The leading cause of brain damage among people under fifty years old is head injuries. The severity of the injury depends on the damage done. The most common serious disorder of the brain is a ***stroke***, which occurs when a part of the brain is cut off from the blood supply.

Brain tumors can cause severe damage depending upon the size and location. Headaches, seizures, unusual sleepiness, a personality change, or difficulties in sense perception or speech are symptoms of a brain tumor. Treatment includes surgery, or if the tumor is cancerous a combination of surgery, medication, and radiation therapy is performed.

Several diseases caused by bacteria or viruses can also damage the brain. Two common brain disorders associated with this is encephalitis and meningitis. ***Encephalitis*** is inflammation of the brain. ***Meningitis*** is an inflammation of the meninges, which are the membranes covering the brain and spinal cord.

Genetic disorders are also another cause of brain disorders. In this instance there are errors in the instructions to the brain, which cause defects in the structure, functioning, and

development of the brain. Usually, this type of brain disorder is permanent.

AIDS

Acquired Immune Deficiency Syndrome, better known as ***AIDS***, is a disease caused by a virus called the human immunodeficiency virus (HIV) that can destroy the body's ability to fight off illness.

There are basically three ways that the AIDS virus is transmitted from one person to another: blood, vaginal secretions, and semen. The virus is not transmitted by casual contact, such as shaking hands, hugging, attending school together, sitting on toilet seats, breathing air, or being bitten by insects.

There are two primary ways that the virus transmission can occur. The first way is through sexual contact (oral, anal, or vaginal) with someone infected with the AIDS virus. The second way is through the sharing of needles and syringes used for injecting intravenous drugs, with an infected person. Procedures for carefully screening donated blood have virtually eliminated infections contracted from blood transfusions.

The AIDS virus may live in the human body for many years before any of the symptoms begin to appear. Symptoms in the early stages of the disease include the following:

- rapid weight loss not associated with increased exercise or a diet
- shortness of breath
- dry cough
- recurring fever
- night sweats
- swollen glands in the neck, underarm, or groin
- fatigue
- diarrhea that persists for more than two weeks

Symptoms of the AIDS virus are similar to many common illnesses; except with AIDS the symptoms take longer to clear up and may return time and time again. As the disease progresses, the symptoms gradually become worse.

An individual's chance of contracting the AIDS virus increases as his or her number of sex partners increase or as the sharing of needles and syringes increase. It is important to remember that there is no safe sex. Even condoms are not 100 percent effective. Asking a person if he or she is infected or is at risk of being infected can result in dishonest answers. Without the benefit of an AIDS test, it is difficult to identify someone who has been infected with the virus. To decrease the risk of contracting AIDS, an individual should avoid ***risky behavior***, which is behavior that increases the chances of contracting the AIDS virus. Risky behavior includes the following:

- sharing needles and syringes for intravenous drug use
- having unprotected sex (not using a condom)
- having sex with someone who currently has or has had several sex partners
- having vaginal, oral, or anal sex (protected or unprotected) with an infected person, someone who uses intravenous drugs, or someone who engages in anal sex

Safe behavior includes the following:

- abstinence from sexual activity
- abstinence from using intravenous drugs

Abstinence is the act of voluntarily doing without something.

After someone has been infected with the virus, he or she will remain infected for life. Several medications have been developed and used to treat AIDS victims. AIDS rarely kills, the opportunistic infections are what usually kill the victims. ***Opportunistic infections*** are those illnesses a person with AIDS contracts due to his or her weak immune system, such as

pneumonia. Medications are taken for the virus as well as for the infections and pain. An AIDS victim may take as many as fifteen to twenty prescription drugs as the disease progresses. The cost for medication and treatment can range form eight hundred dollars per month to twenty-five thousand dollars per month.

Numerous studies are underway to test potential AIDS cures and a possible vaccination for the disease. But for now, AIDS remains incurable. Prevention of AIDS and AIDS education are the only ways to stop its spread.

BODY SYSTEMS

The human body is made up of several different systems that work together to allow the body to function. Body systems include the following:

- Skeletal system
- Muscular system
- Digestive system
- Respiratory system
- Circulatory system
- Urinary system
- Endocrine system
- Reproductive system
- Nervous system

The ***skeletal system*** forms the frame and support of the body consisting of about two hundred bones. The ***muscular system*** has more than six hundred muscles and moves the body. Breaking down food for the cells to use is the function of the ***digestive system***. The ***respiratory system*** makes up the organs used in breathing. The ***circulatory system*** moves blood through the body. The ***Urinary system*** removes waste form the blood and body. The ***endocrine system*** is made up of glands that regulate various body functions. The ***reproductive system*** allows men and women to produce children. The ***nervous system*** connects all the systems together by regulating and coordinating the activities of all body systems.

Special health needs affect the body systems in various ways. Some special health needs affect all the systems, while others might just affect one specific system or a few of the systems.

Summary

- Alzheimer's disease is associated with old age, but it is not an inevitable consequence of aging.

- When osteoporosis is present the bone is extremely fragile and can fracture from even minor injuries.

- The warning signals of cancer are as follows:
  - change in bowel or bladder habits
  - a sore that does not heal
  - unusual bleeding or discharge
  - thickening or lump in breast or elsewhere
  - indigestion or difficulty in swallowing
  - obvious change in wart or mole
  - nagging cough or hoarseness

- Characteristics of hearing disorders include a wide variety of levels from not being able to hear at all to having a difficult time hearing, or being unable to hear certain sounds, such as doorbells or high musical notes.

- Risk factors for heart disease are as follows:
  - men more likely than women to get heart disease
  - older people more likely than younger people to get heart disease
  - heredity
  - high cholesterol level
  - high blood pressure
  - cigarette smoking
  - diabetes
  - obesity or extreme fatness
  - stress

- Causes of orthopedic impairments include disorders present at birth, childhood problems associated with growth. Also, they can be a result of aging, injury, and illness.

- The five main categories of speech impairments include the following:
  - articulation problems
  - stuttering and fluency problems
  - voice disorders
  - delayed speech
  - aphasia

- The causes of visual impairments and blindness vary from circumstances present at birth to diseases, accidents, injuries, and aging.

- ❑ Mentally ill people posses various characteristics and symptoms from being withdrawn from reality and unaware of their surroundings to causing physical harm to themselves or others.

- ❑ Exact causes of birth defects are not known, but it is predicted that environmental conditions and heredity have a connection.

- ❑ In brain disorders, if brain cells are destroyed the condition is serious because the body cannot replace those cells.

- ❑ There are basically three ways that the AIDS virus is transmitted from one person to another: blood, vaginal secretions, and semen.

- ❑ Body systems include the following:
  - Skeletal system
  - Muscular system
  - Digestive system
  - Respiratory system
  - Circulatory system
  - Urinary system
  - Endocrine system
  - Reproductive system
  - Nervous system

Vocabulary

abstinence
acquired immune deficiency syndrome (AIDS)
Alzheimer's disease
aphasia
articulation
astigmatism
birth defect
blindness
brain disorders
cancer
carcinogens
cataracts
chalazion
chemotherapy
circulatory system
cleft palate
clubfoot
color blindness
congenital heart disease
cornea
conjunctivitus
coronary artery disease
deafness
delayed speech
detached retina
diabetic retinopathy
digestive system
electoencephalograph (EEG)
electroconvulsive therapy
emotions
encephalitis
endocrine system
farsightedness
fluency
glaucoma
hearing aid
hearing impairment
heart attack

heart failure
heart murmurs
inflammatory heart disease
intellectual
iris
keratoconuts
macular degeneration
meningitis
mental disorder
mental illness
muscular system
nearsightedness
nervous system
neurosis
obstructive lung diseases
opportunistc infections
orthotics
orthopedic impairments
osteoporosis
paraplegia
personality
pulmonary vascular diseases
pupil
psyche
psychosis
psychosomatic
psychosurgery
quadriplegia
radiation therapy
respiratory system
reproductive system
restrictive lung diseases
retina
retinitis pigmentosa
retinopathy of prematurity
Rh factor
risk factors
risky behavior
safe behavior
sickle cell retinopathy
skeletal system
somatic
speech impairments
spina bifida
strabismus
stroke
stuttering
sty
tetrahydroaminoacridine (THA)
urinary system
uveal tract
valve disease
visual impairment
voice disorders

Review

1. What are the symptoms of Alzheimer's disease?
2. What can help prevent osteoporosis?
3. List the warning signals of cancer. If any of these symptoms occur what should be done?
4. What can be done to reduce the risk of cancer?
5. Explain the difference between deafness and a hearing impairment.
6. What lifestyle habits can help prevent heart disease?
7. Discuss three heart diseases and treatments for each

8. List and explain the three classifications of lung disease.
9. Explain the difference between paraplegia and quadriplegia.
10. What factors should be considered when treating a speech impairment?
11. Name two of the eye defects and what treatments can be used to help the condition.
12. Explain three eye diseases and what can be done for each.
13. How can the eyes be protected?
14. What types of special health conditions arise from intellectual and emotional needs?
15. What are the various ways mental illness can be treated?
16. How can birth defects sometimes be avoided?
17. What is the leading cause of brain damage among people under fifty years old?
18. What are the three primary ways the AIDS virus can be transmitted?
19. What risky behavior can increase the chances of contracting the AIDS virus?
20. List and explain the functions of four of the nine body systems.

Critical Thinking

Choose a specific special health need and research it. What caused this condition? What are characteristics and symptoms of this condition? Describe, if any, prevention techniques. Estimate the cost involved in care for this condition. What is the current status on medical research concerning this problem? Select yourself or a family member to have this special health condition and consider the impact on the person's future and the coping skills needed to adjust. How has this special health need changed the person's life? What special problems have been face and how were these problems handled? How has this special health need affected other family members and the family unit as a whole?

6

Characteristics of Special Health Conditions

ESSENTIAL ELEMENT

- ❑ Outline characteristics and care associated with special health conditions.(m.2B)

OBJECTIVES

- ❑ List the stages of the life cycle.
- ❑ Discuss characteristics of each life cycle and how this affects a person with special health needs.
- ❑ Identify services provided for persons with special health needs.
- ❑ Describe possible adaptations for people with special health needs.

People possess certain characteristics and needs depending upon their age and the life cycle they are in at the time. The term ***life cycle*** refers to the period from birth to death in which a series of changes take place. Each life cycle produces and develops changing needs and goals. This also pertains to individuals with special health needs. As people go through life with special health needs or as special health needs develop over the lifespan, people must learn to deal with them in addition to the usual changes take place within different life cycles.

CHARACTERISTICS OF SPECIAL HEALTH CONDITIONS

Characteristics of a person with special health needs vary for each individual, depending on what his or her special health need is and the severity of the special health need. However, there are some characteristics that can be generally classified within age groups. These age groups are classified into the following life cycles:

- Birth to Young Child
- Teenage Years
- Young Adult

- Middle-Aged Adult
- Elderly Adult

Birth to Young Child

Children with special health needs are born with disabilities due to birth defects, or they develop disabilities after birth due to illness, accidents, or neglect. If the special health need is determined early, treatment and education can begin to enhance the child's development.

When a physical disability is present at birth, it is not as difficult for the child to learn how to maneuver with the existing disability. The main reason for this is the child has never known any other condition, so the disability feels natural.

As a child with grows older and is around other children, he or she will begin to realize that there is a difference between himself or herself and others. At this point he or she might begin to question why this difference exists, and parents should explain truthfully. This will help the child to begin coping with his or her special health need and have honest answers when questioned by other children.

People must remember that children with special health needs have similar needs as children without special health needs. All children need love, support, acceptance, and security. Children with special health needs should not be pitied. Instead, they should be treated with limits and structure similar to what other children receive. However, the severity of a child's special need might have an affect on the type of treatment he or she receives. A child who is severely disabled may not understand or be able to perform complex tasks. Parents, teachers, and other caregivers need to keep this in mind and plan care and guidance accordingly.

Mainstreaming is a concept that provides opportunities for children with special health needs to participate in many of the same classes and programs with children who do not have special health needs. Teachers and parents need to remember that children with special needs who are mainstreamed still need special resources that are appropriate for their needs and support. Therefore, mainstreamed programs should be carefully monitored to ensure that children with special needs are getting an education that is as beneficial as one they would receive in an environment especially geared toward children with special needs.

Mainstreaming has definite advantages. In the past, children with special needs were often isolated from other children, having no interaction with those with no special needs. Educators realized that it would be very beneficial to incorporate children with special needs into

programs in which all students participate. When children with and without special needs are allowed to interact, they learn to accept each other. Children without special needs learn to look beyond the special needs and just see children with special needs as people. School districts are being encouraged to provide educational services in the regular classroom to achieve full inclusion of students with and without special health needs. The term ***inclusion*** refers to all students, regardless of physical, mental, emotional, ethnic, or socio-economic conditions, being educated together in a regular classroom. This will require more time, preparation, and planning with special education teachers, but it will help close the gap between students with and without special health needs.

Practices of mainstreaming and inclusion increase interaction between children with and without special needs, and society learns to accept and understand people having special needs. Through this interaction, a child with a special health need learns to feel accepted, which can improve his or her self-concept.

Teenage Years

If a teenager has had his or her special health need since birth or at a very young age, he or she has probably learned how to deal with the special condition and its affect on mobility and functioning. But, as with any life cycle, there are still new challenges and emotions to overcome. During this life cycle, the focus seems to be on peers, popularity, and dating. However, if a special health need arises because of an accident or diagnoses of an illness, it is more difficult for the teen to adjust, accept a special health need, and overcome the hardships and confusion of these years.

The teenage years are ones in which peers, friends, and members of the opposite sex become very important. Teens usually look to others in their age group to get a self-image of themselves. Although seeing themselves through the eyes of their peers can be misleading, the response received is how teens perceive themselves. This is usually the age when a person begins to date and learn about male-female relationships. The teenage years are very trying for anyone because of all the physical and emotional changes taking place in the body. It is especially hard for people with special health needs at this age, because they may feel like they do not measure up to their peers and their peers might not know how to react to them. This causes mixed emotions from peers and the person with the special health needs.

Young Adult

In the latter teen years and the beginning years of young adulthood, college and choosing a career are major topics. College is not always an option for those with special health needs, but there are many people that attend college who have special health needs.

If a person with special health needs is planning on attending college, additional issues

have to be considered in making this decision, such as medical facilities, doctors in the area of his or her college choice (if continuing medical care is needed), and limitations from his or her special health needs in a certain career field. Also, living arrangements must be considered, such as can the person with special health needs live in a dorm or does he or she need other living facilities? When people with special health needs choose a college and/or a career, they should thoroughly research both. Most colleges offer special assistance for people with special health needs; however, there is an extensive amount of paper work involved that requires time. Therefore, if possible, the process should start before the person with the special health need begins college.

Upon graduation from college, people with special health needs might find it difficult to feel accepted in the professional world. If their qualifications meet the standards for a position in which they have applied, they should be able to obtain the job because of protection through the American Disabilities Act. This Act is discussed in detail in Chapter 9. However, just because a person with special health needs obtains a job does not mean that he or she will gain immediate acceptance by others on a professional level. This can be attributed to society's lack of knowledge on how to interact or be comfortable with people who have special health needs.

Another issue that is usually common during the young adult years is marriage. Some people may believe that people with special health needs are not capable of having marital relations. This is far from the truth. Many people with special health needs have successful and happy marriages. However, this concept is sometimes difficult for a person with special health needs and his or her family to accept.

At times persons with special health needs have such low self-esteem that they believe no one will care about them or love them enough to share that type of relationship with them. Once people with special health needs realize that they are capable of marital relationships, their attitudes change. Some people with special health needs find companionship from others with the same or similar special health needs, or they marry someone without special health needs. Whatever the case, the couple needs to be sure they can handle all the usual stress of marriage in addition to the stress of the special health need.

Also, a couple must consider whether or not they are capable of being responsible for children. If both have special health needs, physical, mental, and financial capabilities should be considered. If only one spouse has a special health condition, the couple must consider whether they can handle the financial burden of a child in addition to the financial burden of the special health need. In some instances a genetic counselor should be consulted to determine the risk of offspring having the same special health need.

The marriage of a child with a special health condition can be very difficult for a family to accept. Parents may feel that their child with a special health need should not enter into a marital relationship because he or she will not receive the proper care away from home. Family members should be supportive and realize that marriage can be a positive experience for people with special health needs. They also should keep in mind that people with special health conditions desire love and companionship just like anybody. However, an individual with special health needs should not be pressured into a marriage by family members because parents want to be relieved of the strain, want their family to seem "normal" to everybody, or any reasons of this nature.

Many individuals with special health needs might choose to remain single. This option is fine and also should be supported by family members. Many people, with and without special health needs, are choosing this option in today's society.

Middle-Aged Adult

At this stage in life most matters are established, such as a career, family, children, and a home. The middle-aged adult stage has been labeled as being the most successful period of professional and creative work. Usually, in this stage of life, people want to be involved in community activities that benefit the family or help society. Also, they broaden their own interests while still considering the well-being of others.

When a special health need occurs during this stage in life, people may feel that they are now inadequate to meet the needs of the family, responsibilities held in the community, or demands of their careers. In some instances, they might not be able to continue all previous activities, but it is important for them to continue in some of the activities or find new ones. This also can be a time when family members will have to readjust responsibilities and accept changes. During this transition it is very beneficial if a family has strong relations and communication skills.

Elderly Adult

The elderly adulthood stage usually begins at the age of sixty. The body begins to change physically making it harder to stay healthy, and encounters problems, such as changes in mobility, senses, and the capacity to take care

of oneself. Another difficult transition in this stage of life is loneliness due to the death of a spouse or close friends.

As special health needs arise due to aging, it is difficult for the aging individual and the family. The elderly do not realize their physical and mental decline. Frequently, children do not want to face the fact that their parent(s) is beginning to age with apparent signs, such as memory loss. Addressing these needs can be stressful for family members. The elderly are sometimes defensive about needs they might have, such as a hearing aids or having home health aides come in daily to check on them. It is very important for some elderly to be able to stay in their own home; however, it is often necessary for them to live with one of their children or in a long-term care facility. Either of these situations can cause tremendous stress on families and the elderly person involved.

SERVICES PROVIDED FOR PERSONS WITH SPECIAL HEALTH NEEDS

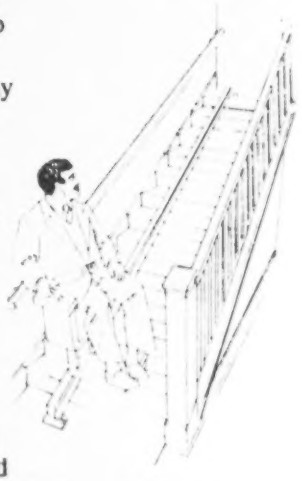
There are numerous services available to people and families with special health needs. These services can help in obtaining information about particular special health needs or can assist in the care of a person with special health needs. As mentioned in Chapter 2, these services vary depending on the type of special

health need. There are services that are aimed specifically towards a certain age group.

Services of various types can offer all kinds of assistance. Examples of various types of services include Meals on Wheels, the Multiple Sclerosis Society, and visiting nurses. Each of these services can help provide care and assistance to the person and family with special health needs. Local or area hospitals, the local Department of Human Services, or the City Health Department should be able to provide information on these services. These places usually have knowledge and contacts available for services in an area

ADAPTATIONS FOR PEOPLE WITH DISABILITIES

Adaptations are necessary for some health needs. The term ***adaptations*** refers to a change in structure, function, or form that adjusts to existing conditions. These adaptations may include the development of special strategies to provide for working or living conditions for the disabled, adaptations to surroundings, or both . Surrounding adaptations might include converting a downstairs den into a bedroom, adding hand rails in various parts of the house, building a wheelchair ramp, and replacing rugs with carpet.



As a result of the Americans with Disabilities Act, which is discussed in Chapter 9, all public places will eventually be adaptable for people with disabilities. Refer to Chapter 20 for more information on adaptions.

Summary

- Each life cycle produces and develops changing needs and goals.
- The five life cycles include:
  - Birth to Young Child
  - Teenage Years
  - Young Adult
  - Middle-Aged Adult
  - Elderly Adult
- People must remember that children with special health needs have many of the same needs as children without special health needs, such as love, support, acceptance, and security.
- Through mainstreaming, children learn to accept each other and society learns to accept and understand people with special needs.
- The teenage years seem to focus on peers, popularity, and dating. At this stage people with special health needs might feel like they do not measure up to their peers in these categories.
- If a person with special health needs plans to go to college, additional issues must be considered, such as medical facilities, living arrangement, and needs in the classroom.
- During young adulthood matters such as careers, marriage, and starting a family are important.
- As a person reaches elderly adulthood, the body begins to change physically, making it harder to stay healthy and making it harder to encounter problems, such as changes in mobility, senses, and the capacity to take care of oneself.
- There are numerous services available to people with special health needs for specific conditions and there are services aimed toward certain age groups.
- Adaptations may include the development of special strategies to provide working or living conditions for the disabled, adaptations to the surroundings, or both.

Vocabulary

adaptations
inclusion
life cycle
mainstreaming

Review

1. How does the life cycle affect characteristics of a person with special health needs?
2. Why is it easier for a physical disability to be dealt with when it exists at birth?
3. How should parents handle their child with special needs questioning the difference between himself or herself and other children.
4. What are the advantages to mainstreaming?
5. What are some of the problems faced by a teenager who has a special health need?
6. What are some of the problems faced by a young adult who has or acquires a special health need during this life cycle?
7. What does a middle-aged adult face if he or she discovers a special health need during this life cycle?
8. What challenges are faced by the elderly and their families?
9. How can you locate services in your area?
10. What are possible adaptations for people with special health needs that might have to be made in a home?

Critical Thinking

Locate services that help people and families with special health needs by researching resources in your community, such as the newspaper, telephone directory, and conducting interviews. Find out what services are offered, what qualifications recipients must meet, cost, and if the service is targeted toward a specific age group or if it has different branches for different age groups. Choose one resource you think is particularly beneficial to a person with special health needs in a specific life cycle.

7

Social and Psychological Effects of Special Health Needs

ESSENTIAL ELEMENT

- ❑ Identify the social and psychological effects of handicaps on individuals and their families.(m.2C)

OBJECTIVES

- ❑ Review rights of people with special health needs.
- ❑ Discuss challenges faced by a family having special health needs.
- ❑ Explain social adjustments that affect families and people with special health needs.
- ❑ Describe stressful effects of special health needs.
- ❑ Receive knowledge about people with special health needs in media.

The social and psychological effects of a special health need can result in overwhelming challenges for the individual and his or her family. These challenges can be very frustrating and stressful. People with special health needs and their families have the same rights as any other American citizen. This chapter covers some of the social and psychological effects of special health needs.

RIGHTS OF PEOPLE WITH SPECIAL HEALTH NEEDS

People with special health needs have the same rights persons without special needs enjoy. Although advances have been, and continue to be, made towards society recognizing people with special health needs as equal citizens, there is still much work to be done. For years, people with special health needs have been discriminated against and viewed as

worthless in society. This prejudice and discrimination seems to have originated from misconceptions, ignorance, and fear about people with special health needs that has been passed down through the years. People with special health needs should never be referred to in terms of "people like them" or "places they belong."

There was a time in society when babies born with obvious special health needs were looked upon in disgrace. Many years ago the children were sometimes killed upon birth if they had a condition such as Down's syndrome.

They were thought to be evil, and the mother of the child was thought to have done something wrong, and the child's condition was her punishment. As laws developed over the years, the practice of killing children with special health needs was abolished. However, the children were still viewed as being worthless, a disgrace to their families, and outcasts from society. Upon their birth doctors would quickly take the baby from the room without the parents even being able to hold the child. Then the parents would be encouraged to put the child in an institution and basically forget that it even existed. Parents would have to fight for their right to have their child and for the right of the child to be able to live a good life with its family. Today, society has changed in the fact that now upon birth, the baby and family are immediately referred to programs and doctors for treatment to begin.

People with special health needs who bear the label "disabled" have to live in a world geared towards people without disabilities. Societies, cultures, and social groups have assumptions of what is to be defined as "normal" in respect to language, appearance, physical ability, and mental ability. ***Societies*** refer to a group of people who share a common culture and live within a common region. ***Culture*** refers to the beliefs, traditions, and values that are shared by the people within a society. ***Social groups*** are specific groups of people within a society. Anything that differs from "real world" expectations is to some degree or another considered abnormal and unusual. Being perceived as someone who stands out from the "norm" has significant affects on a person's self-concept, which can produce a negative self-image. Due to this attitude, people with special health needs sometimes believe they have an inability to do and be as others.

BEST COPY AVAILABLE

The ***Americans with Disabilities Act (ADA)*** was signed into law on July 26, 1990 and has made huge steps of progress for people with special health needs and their families. This act has been the most significant law for people with special health needs. The ADA is designed to prevent discrimination in any form against people with special health needs. Through this act, barriers are being broken for people with special health needs in regard to employment, telecommunications, transportation, and public accessibility. This law is discussed in more detail in Chapter 9.

All people with special health needs have the right to a proper education, job opportunities, access to any public place, and independence to its fullest capacity. For example, if a mentally challenged person is capable of living on his or her own and desires to do so, he or she should not be kept from it. Society must learn to allow those with special needs their rights.

CHALLENGES FACED BY THE FAMILY

The family of a person with a special health need also faces several social and psychological challenges. A family that has a special health need should not be excluded from society.

A couple shared an incident about taking their son, Tom, who has cerebral palsy, out to dinner for his tenth birthday. ***Cerebral palsy*** is a disease that damages the nervous system, which affects motor skills and is characterized by spastic paralysis. The family was dressed up and ready to celebrate a happy birthday. Tom's palsy does not make eating the neatest occasion because he usually gets food all over his mouth, chin, and he drools a little. However, the family has learned to live with it and feels it is an accomplishment that he can feed himself. He was doing really well on this occasion, and the family was having a great time until the people in the booth next to theirs got up and left. As

the lady passed their table she looked at them and said, "Disgusting!" As she walked out she mumbled that she did not know how they expected decent people to eat with that going on.

This family was "decent people," and they had every right to be in that restaurant. They just happened to have a child with cerebral palsy, but that should not keep him from wanting to celebrate his tenth birthday with his family in a public restaurant. Numerous families celebrate birthdays by going out to a restaurant and this family should not have done any different. Society must learn to accept people with special health needs as a legitimate part of society.

Sometimes a family that has a member with special health needs does not like going to public places because of the actions of others. These actions can be hurtful, humiliating, and embarrassing. Although unfortunate incidents like the one mentioned above occur, not all people who seem to be staring or paying attention to a family that has a member with a special health need are observing with negative feelings. Other families have members with special health needs, and there are professionals that work with families having special health needs. People noticed staring could be possibly in admiration of how well the family is dealing with the condition or the advancement of the person with the special health need. However, it is very unfortunate that all who observe are not doing so for positive reasons.

One group that sometimes feels they have lost rights because of a special health need is parents. Being a parent is difficult at times and with parenthood comes many new challenges and responsibilities. Being a parent of a child

with special health needs brings even more challenges and responsibilities. Parents of a child with special health needs should not feel as if their role is diminished compared to any other parent. They still have the right to play an active role in their child's education as to what classes their child will be in, what kind of help will be given to their child to expand his or her potential areas, and what educational opportunities are available for their child. Also, doctors should be very informative and honest to parents about a child's special need and condition.

SOCIAL ADJUSTMENTS

Having a special health condition can affect a person's social development and social activities. Parents have reported that after the discovery of their child's special health need, friends treated them differently and were hesitant about allowing their children to play together. Children who have special health needs are sometimes stared at, made fun of, and laughed at by others, which can definitely affect their social development. Those who develop special health needs later in life are sometimes excluded from activities and groups of friends.

Another factor affecting social activities of people and families with special health needs is whether or not a place has the facilities to accommodate the a person with a special health need, such as ramps to allow access to an establishment and everything in an establishment.

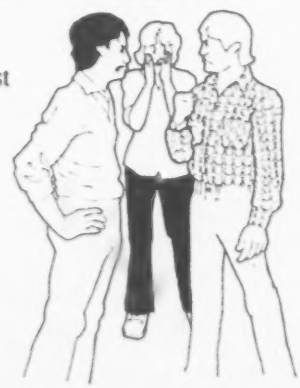
STRESSFUL EFFECTS OF SPECIAL HEALTH NEEDS

Families and individuals having special health needs can experience a great deal of stress. In this instance, ***stress*** is defined as pressure or strain one feels. No one can expect to live a life completely free of stress. This is a very unrealistic expectation; however, stress is not always bad. As discussed in Chapter 22, stress can be positive or negative. This largely depends on how the stress is handled. There are three categories of stress as a result of special health needs: emotional stress, physical stress, and financial stress.

Emotional Stress

There are several reasons emotional stress can occur from a special health need. The following are signs of emotional stress:

- anger
- frustration
- lack of interest
- resentment
- discouragement
- grief
- depression
- inability to



think
- irritability
- difficulty coping with problem

The individual with the condition and family members can both experience these feelings. These feelings might be experienced due to guilt for what has happened or the inability to do anything about the situation.

Another emotional type of stress is fear. For both a person with a special health need and his or her family, this can be a fear of the unknown about what is going to happen. Also there might be a fear of who will take care of the person if something happens to the primary caregivers.

Physical Stress

Signs of physical stress include the following:
- inability to sleep, eat
- ability to overeat
- fatigue
- elevated blood pressure
- skin rashes
- hives
- headaches
- inability to cry
- tendency to burst into tears
- upset stomach
- health problems

Usually, family members are more susceptible to physical stress than the individual with the special health need.

Family members must be careful of too much physical strain from activities such as lifting the ill individual from chairs, beds, and the bathtubs. They must also keep in mind that they need to continue to take care of themselves and follow practices to keep themselves healthy.

Financial Stress

Financial stress can cause a strain on a family's relationship. Parents might be irritable and argue with each other over financial problems that they are having. Siblings may become very jealous because the special health need requires money that used to be spent on extras such as family vacations or family entertainment.

COPING WITH STRESS

The demand or event that causes stress is called the stressor. ***Stressors*** trigger the stress response. Dealing with a special health need can be very stressful for every member of a family, including the person who has the need. Due to the circumstances of a special health need, the stress that comes from the situation is usually unavoidable. Examples of stressors include the following:
- an accident
- many changes occurring at once
- financial difficulties
- being behind at work
- being absent from work
- hospitalization of self or family member
- death of a family member or close friend

Circumstances cannot always be changed in the case of a special health need, but the stress that stems from this situation can be effectively managed. Each family member has a role to play in managing stress. A family must be able to recognize the symptoms of each member's stress and determine methods to reduce or manage the stress. Too much stress can make a family unable to cope and function in everyday life. Figure 7.1 has a list of suggestions to help a family reduce stress.

Stress can be very harmful if not properly dealt with and managed. Medical research has shown that the origins of many common illnesses and disorders are related to stress. Some of the common illnesses and disorders

Suggestions for Reducing Stress

- Learning to relax by breathing deeply
- Exercising for thirty minutes a day, three times a week. Examples include walking, swimming, areobics, or bicycling
- Expressing feelings to others by talking. Those to talk to can include family members.
- Thinking positively and realistically to avoid worrying about the things that cannot be changed
- Making time for fun. Finding an activity that the whole family can enjoy, such as going on a picnic in a park
- Recognizing and respecting each person's personal limits
- Sleeping seven to eight hours per night
- Maintaining a nutritious diet
- Spending time in a special activity enjoyed doing alone, such as reading
- Organizing and simplifying everything possible — this will reduce stress for all members and everyday tasks will be simpler
- Taking one day at a time and not worrying about tomorrow
- Including love in everything
- Sharing responsibilities with other family members

Figure 7.1

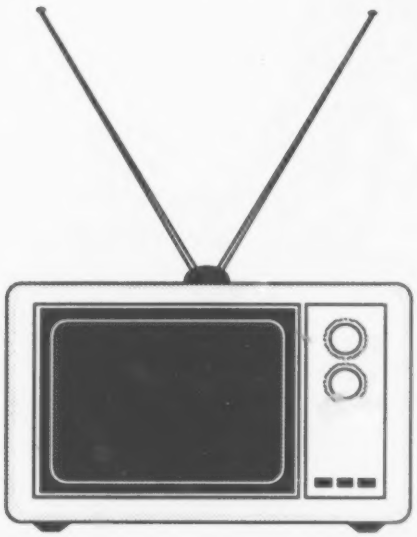
include high blood pressure, ulcers, backaches, insomnia, and headaches. However, these can also be related to other factors, so a person should consult a doctor when conditions persist. Stress also has been recognized as a contributing factor to cancer. Some mental health research has shown that stress frequently underlies both emotional and behavioral problems, including nervous breakdowns. Too much stress can make the body unable to cope with everyday life.

PEOPLE WITH SPECIAL HEALTH NEEDS IN MEDIA

As discussed in Chapter 4, most advertisements reinforce societal values, such as beauty and physical perfection. In general, most types of media focus on people considered "normal" in society and do not add to the self-worth of people with special health needs. People with disabilities most often appear in the media as the subject of features from the sympathy angle. Media, such as newspapers, will willingly cover telethons, medical breakthroughs, and sympathy stories in order to feel they have covered the population with disabilities. They sometimes mistakenly believe that viewers will only accept feature stories about people with disabilities. Advertisers might feel that a person with special health needs will not leave the intended impression on consumers or that their advertisement will have less validity if a person with special health needs is used. Producers of television programs might believe their show will not be popular if it continuously features a

person with a special health need.

However, it is becoming more common for advertisements and television programs to include people such as an adult with an artificial limb, a child with Down's syndrome, or a person in a wheelchair. For example, some



television advertisements or printed advertisements show a person in a wheelchair shopping in a store or displaying clothes sold at the store. Some television programs have incorporated main characters that have special health needs, such as Down's syndrome and cerebral palsy. Companies and television producers who use people with any form of special health conditions should be commended for recognizing that people with special needs are a valid part of society .

Summary

- People and families with special health needs have rights like anyone else.
- The Americans with Disabilities Act has made huge steps of progress for people with special health needs.
- Although being parents of a child with a special health need brings additional challenges and responsibilities, they still have rights as other parents.
- Just because a family has a member with special health needs does not mean that it should not be allowed to go any place desired or that the family should be treated disrespectfully.
- With the presence of a special health need, adjustments might have to be made for social activities; however, this does not mean that people with special health needs should be abandoned by previous friends.
- Families and individuals with special health needs sometimes experience a great deal of stress classified in three categories: emotional stress, physical stress, and financial stress.
- A family must be able to recognize the symptoms of each member's stress and determine methods to reduce or manage the stress.
- It is becoming more common for advertisements and media to include an adult with an artificial limb, a child with Down's syndrome, or a person in a wheelchair.

Vocabulary

American Disabilities Act (ADA)
cerebral palsy
cultures
social groups
societies
stress
stressors

Review

1. What challenges do people with special health needs face?
2. What challenges are faced by a family having special health needs?
3. How can having a special health condition affect an individual and a family socially?
4. What are five signs of emotional stress and why would these signs be the result of stress due to a special health need?
5. What are five signs of physical stress and explain how these signs can be the result of stress due to a special health need?
6. What might cause financial stress because of a special health need?
7. What can families do to help reduce and cope with stress?
8. Why might some advertisers or television producers refuse to use people with special health needs? Why might an advertiser or television producer want to use people with special health needs?

Critical Thinking

If you or a member of your family had a special health need, consider the social and psychological impact that condition would have upon yourself and your family. Remember to consider how the person with the special health needs might now be treated by society and how they would be viewed by the standards society has set. What challenges would be faced by your family? How might this special health condition affect yours and your family's life socially? Do you think your family would experience stress? If so, do you think some family members would experience more stress than others? Depending on the situation, what kinds of stress do you think you would experience? Design a plan to reduce stress that would fit the schedule of your family.

8

Special Health Needs Advances

ESSENTIAL ELEMENT

- ❑ Describe the impact of technology on the treatment and care of individuals with special health needs.(m.2D)
- ❑ Describe health services and their acquisition.(m.2E)

OBJECTIVES

- ❑ Explain how medical technology has affected health care.
- ❑ Discuss " Living Wills"
- ❑ Review items to be considered when choosing health care.

The medical field is large and overwhelming. People may have a hard time determining which services, procedures, and doctors are best for them. Medical discoveries and devices have made the health field one of the most sophisticated and advanced fields around. People who need medical services or who have special health needs are fortunate to have such technology and services available to them.

MEDICAL TECHNOLOGY

The explosion of medical technology in the past two decades has emerged unbelievable treatments, procedures, and equipment. Achievements and advancements in medical research and technology continue to be discovered daily. Medical technology has affected such things as diagnosis, care, therapy, and provisions for training a family to assist a family member in need. Also, medical technology has contributed to things such as longer life spans, people's lives being saved, and remarkable progress for people with special health needs.

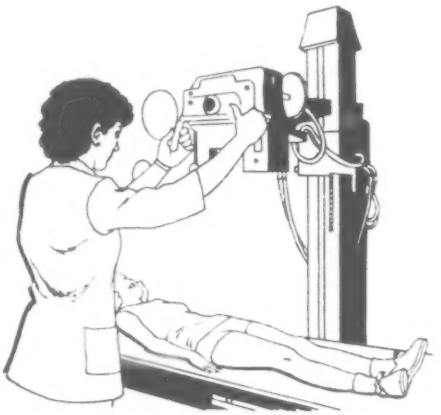
There are numerous medical advances that have been made over the years. Some of the advances that have been made over the years include the following:

- ***MRI* (*magnetic resonance imaging*)** - tool used to diagnose certain diseases, disorders, and injuries without opening the body through surgery.
- Organ transplants, such as the eye, heart, and kidney.
- Bone and joint replacements, such as knee implants.
- Studies related to specific diseases and prevention techniques.
- New medication being developed.
- Artificial limbs that can be electrically activated to function as a human limb.
- Laser use for many types of surgery, such as a detached retina or gallbladder.
- Implants of devices to help the body properly function, such as pacemakers placed in the heart.

The list could go on because new medical advances are continually being discovered daily. There are several advantages to the advancement of medical technology. What used to be life-threatening illnesses and injuries, now have the possibility of being corrected by medication or a simple procedure. Also, most illnesses or disorders are now identifiable and detectable, where as some used to not be so easy to identify or detect. In cases of illnesses and injuries, there is usually now more hope for a family and the member with the special health need that something can be done to help them. For example, there have been cases where a person's face was totally restructured after being severely damaged in a car accident.

However, as with any situation there are disadvantages to the advancement of medical technology. One of the major disadvantages of medical technology is cost. It is constantly debated whether or not the advancements in medical technology are associated with the rising cost of health care. Some firmly believe that the advanced technology is the cause of higher health cost, while others believe that medical advances are more economical because of their efficiency. Which ever the case may be, most advanced medical equipment is expensive. For example, some hospitals in the same area choose to share MRI's because they are so costly, and they are a definite medical asset.

Other disadvantages to the advancement in medical technology are the cost for treatment and availability of treatment. Sometimes there is an effective treatment available, but it is expensive. A health insurance company may not pay for that particular treatment, especially if the treatment is still in the experimental stages. This leaves a family and individual needing the treatment in a real bind. Sometimes when treatment is available, it is not available in the area where the person or family lives.



This could cause the family to make some major decisions, such as relocating to that area. Another disadvantage related to availability concerns transplants. Many people are eligible for transplants as a source of treatment, but they are on a waiting list for an organ.

Overall, the expansion in the field of medical technology has helped improve the quality of people's lives. It is a field that is predicted to become more advanced with several more discoveries to be made in the future.

LIVING WILLS

Great advancements have been achieved in the medical field, however at times one has to determine how advanced they want the treatment to be. The medical field has become so advanced that one can be keep alive by machines. This means that machines are their source for food , breathing, and basically life.

Something that is very important to discuss with family members is a ***Living Will***. A "Living Will" refers to a contract that has been signed by a person wishing to have the will and a witness giving family members the right to allow doctors to disconnect any life supporting machines if the coma or vegetative existence has been determined irreversible by adequate and accurate means. The term ***vegetative*** refers to an involuntary or passive state showing little or no mental activity.

Many times when people find out they are terminally ill, they will make a "Living Will." Although this is not a pleasant thing to think about, families should discuss it before a crisis is present. If a person decides to make a "Living Will," this will save loved ones the agony of making such a decision. If the family knows the patients wishes, it might save them the guilt of having to make such a decision.

A family might decide to put the ill member on life support and leave him or her connected until death. This can be a few hours, months, or one to two years. There is a case of a vegetative person being kept alive in a hospital for eighteen years on life support machines. Whatever decision the person or family makes , it should be based on one's personal and family values.

HEALTH CARE SERVICES

There are numerous health care services available to people and families with special health needs. Sometimes it can be very difficult for a family to decide which doctors, medical services, and hospitals are best for one's needs. Health resources can be located by using the library, newspapers, Yellow Pages, family, friends, or doctors.

Choosing a doctor can be difficult. A family should find a family doctor it feels comfortable with, then if a special health need arises, the family can confidently rely on its family doctor to refer them to the proper specialist and medical facilities. Review the guidelines in table 8.1 for selecting a doctor.

In the event that a family member needs to be hospitalized, a family should have an idea of which hospital it wants to use. Sometimes a doctor will be affiliated with a specific hospital, but a family usually has a choice. The doctor can be helpful in giving a recommendation for which facility to use, but friends and other family members also can be good sources of information. It is a good idea to consult those who have had to use the facilities before and find out what kinds of services are offered for the patient and the family, and find out the overall atmosphere.

A decision on health care services should be decided upon before a health need arises. If these things are taken care of, that will be one less stress to have to deal with when a health need does arise.

Selecting a Doctor

Selecting health care professionals and services is a major health care decision. Allow for time to make a wise decision by choosing a doctor before illness occurs. Select a doctor who can treat most illnesses and who will refer patients to specialists when needed.

Sources for Locating a Medical Doctor

- Recommendations from friends, relatives, neighbors, and co-workers
- Referrals from a local hospital, local medical society, area medical school, or hospital personnel
- Referral from a former doctor

Credentials listed in the American Medical Directory or the Directory of Medical Specialist

- Considerations when Selecting a Medical Doctor
- The hospital with which the doctor affiliated
- The office hours and the care available when the office is closed
- The doctor's willingness to answer questions by telephone during or after office hours

The costs of first visits, revisits, and complete checkups; procedures for filing insurance claims; and alternatives for fee payment

- Qualities the Medical Doctor should Possess
- Listens to the patient and explains medical information
- Sees a patient immediately when there is a serious problem
- Emphasizes preventive medicine
- Advises obtaining a second opinion under serious circumstances
- Refers patients to specialists as needed
- Continues his or her educations to remain updated

Figure 8.1

Summary

- With the explosion of medical technology in the past two decades has emerged unbelievable treatment, procedures, and equipment.
- Medical technology has affected as diagnosis, care, therapy, and provisions for training the family to assist a family member in need.
- Medical technology has contributed to longer life spans, people's lives being saved, and remarkable progress for people with special health needs.
- Disadvantages to medical technology include cost of equipment and treatment and the availability of treatment.
- Something that is very important to discuss with family members is a "Living Will." The decision of a "Living Will" should be based on one's personal and family values.
- Health resources can be located by using the library, newspapers, Yellow Pages, family, friends, or doctors.
- A family should find a family doctor it feels comfortable with, then if a special health need arises, the family can confidently rely on its family doctor to refer them to the proper specialist and medical facilities.

Vocabulary

"Living Will"
magnetic resonance imaging

Review

1. Explain the impact medical technology has had on people's lives.
2. Name some medical advances that have been made over the years.
3. What are the advantages of medical technology?
4. Describe the disadvantages of medical technology.
5. What is the purpose of a "Living Will?"
6. How does a "Living Will" make decisions easier for family members?
7. List resources to help locate health care services.
8. What should a family consider when choosing a doctor?

Critical Thinking

Assume that a family member of yours has been seriously injured and is in a coma. It has been adequately determined by several doctors that the vegetative state is irreversible. Your family now has to make the decision whether or not to continue life support. Go through the thought process of making this decision. Will you feel guilty if life support is disconnected? Are all members of your family in total agreement of what should be done? What do you think the family member in the coma would want? What is your decision?

9

Laws for a Person with Special Health Needs

ESSENTIAL ELEMENT

- ❑ Summarize laws related to the special needs population.(m.2F)

OBJECTIVES

- ❑ List and describe educational laws that have affected children with special health needs.
- ❑ Name tax laws that affect people with special health needs.
- ❑ Identify employment laws that affect people with special health needs.
- ❑ Differentiate between discrimination and confidentiality laws.
- ❑ Explain laws concerning social security and people with disabilities
- ❑ Discuss the responsibilities of people with special health needs.

Over the years, laws have been passed that benefit people with special health needs. These laws were passed to help people with special health needs gain more independence and rights to be treated as equal human beings. In this chapter, the laws are categorized as educational laws, tax laws, employment laws, and discrimination and confidentiality laws.

EDUCATIONAL LAWS

There have been several laws passed to improve the education of children with special needs. Over the years educators have come to realize that children with special needs are just as capable of learning as children without special needs. When given the opportunity, they can usually excel in one area or another.

Elementary and Secondary Education Act

The ***Elementary and Secondary Education Act (ESEA)*** was the first major program designed by the U.S. Government to improve education. The primary target of this act was to help lower-income children considered educationally deprived. An amendment to ESEA in 1966 allocated funds for educational programs and facilities to children with disabilities.

Handicapped Children's Early Education Assistance Act of 1968

The ***Handicapped Children's Early Education Assistance Act*** provides experimental preschool and early education programs for children with disabilities or special problems. These programs were in urban and rural areas, providing activities and services with community coordination and federal support. In 1986 an amendment was made to the act to increase the states responsibilities to serve preschoolers, infants, and toddlers.

Rehabilitation Act of 1973

The ***Rehabilitation Act of 1973*** forbid discriminatory treatment of any aged person with disabilities enrolled in any programs or activities receiving government funds. This piece of legislation also required many federally funded businesses to try and hire qualified people with disabilities.

Education for All Handicapped Children (1975)

In 1975, the ***Education of All Handicapped Children's Act*** was passed to ensure that every child with a special need from age three to twenty-one would receive equal opportunities for an education. Therefore, parents could feel assured that they would be able to find educational programs that would meet the special needs of their child.

With the passing of this act, every child with special needs must have an ***Individualized Education Program (IEP)***. An IEP refers to a written plan that is developed by a committee made up of school personnel and the parents of the child. A team of professionals assess the child's abilities, strengths, and weaknesses and work with the committee to devise a specific education plan that will best serve the child. To ensure that an IEP is written for a child, no child is allowed to be placed in a special education program without it. The federal funding a school receives can be jeopardized if the plan stated in the IEP is not carried out.

Another benefit for a child with a special need that stems from this act is the policy that children must be placed in the ***least restrictive environment.*** The least restrictive environment is the surrounding where children can make the most of their learning potential. Children should be allowed to set their own pace for learning new skills. However, this does not mean that children are allowed to do whatever they desire with no supervision.

Vocational Education

There have been several laws that established and improved ***vocational education***,

which is educational programs designed to train students for paid or unpaid employment or for additional preparation for a career other than a college degree.

The ***Vocational Education Act of 1963*** furnished funds for teacher training, programs, and buildings in which to operate. These training opportunities were expanded to include people with disabilities and disadvantages by the ***Vocational Education Amendments of 1968***. The ***Education Amendments of 1976*** increased federal funding for vocational special needs education and required the elimination of sex discrimination in vocational education.

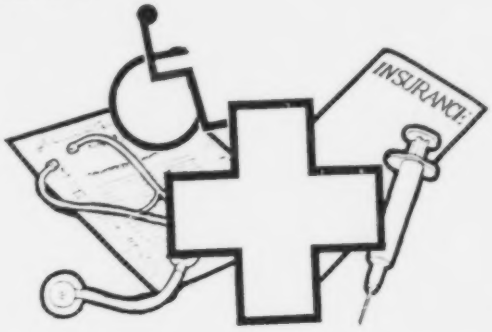
The ***Carl D. Perkins Vocational Education Act of 1984*** mandated special funding for vocational education programs and services for students with disabilities, students with limited English proficiency (LEP), and other special needs populations. It also authorized federal funds to improve the effectiveness of consumer and home economics education and to reduce the limiting affects of sex-role stereotyping.

In 1990 another act was passed — the ***Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990***. The intent of this act was to develop programs for all types of the population to make the United States more competitive in the world economy of academic and occupational skills. This act includes the following:

- people with special health needs
- educational and economical disadvantages
- individuals in correctional institutions
- programs designed to eliminate sex bias and stereotyping
- programs for single parents
- displaced homemakers
- single pregnant women

TAX LAWS

Legislators saw a need to have tax laws which would benefit and help those with disabilities. Obviously, if a person was injured and unable to work, his or her expenses would increase because of medical costs related to the disability and salary would be less, even if he or she had disability insurance or were covered by workers compensation, which is discussed in Chapter 2.



Tax Reform Act

The ***Tax Reform Act of 1976*** was passed to benefit those taxpayers who were no longer able to work because of a permanent and total disability by excluding amounts of payments made during this time as a part of their gross income. However, there are limitations placed on the amounts. A married couple must file a joint tax return, and proof of the disability must be provided. The public law states "an individual is permanently and totally disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Tax Reduction and Simplification

The ***Tax Reduction and Simplification Act of 1977*** provided for the amount of credit allowable to be increased to an amount equal to 10 percent of the unemployment insurance wages paid by the employer to vocational rehabilitation referrals. The public law states that "vocational rehabilitation referrals means any individual who 1.) has a physical or mental disability which, for such individual, constitutes or results in a substantial handicap to employ-

ment, and 2.) has been referred to the employer upon completion of (or while receiving) rehabilitative services pursuant to an individual written rehabilitation plan under a state plan for vocational rehabilitation services approved under the Rehabilitation Act of 1973."

EMPLOYMENT LAWS

Although some people with disabilities are qualified for a job, they do not always get hired because of their disability. Laws have been passed to improve unfair treatment in the hiring of people with disabilities.

Americans with Disabilities Act

As mentioned in Chapter 7, the ***Americans with Disabilities Act (ADA)*** was signed into law on July 26, 1990. One huge contribution this act made for employment was to mandate that private businesses hire people with disabilities if they are qualified for the job. For example, two people are applying for a position of computer programer and one applicant has a vision impairment that requires a special kind of computer monitor. If the person with the impairment is more qualified than the other applicant, the employer is required to hire that person and buy him or her the special computer monitor needed.

This act also requires that necessary accommodations be made for telecommunications, transportation, and complete public accessibility for all people with disabilities. Although many of these accommodations are on long-term plans, they should be accessible in the United States by 1995. For more details and clarity on ADA, contact the local employment office.

DISCRIMINATION AND CONFIDENTIALITY LAWS

People with special health needs, as well as other citizens, sometimes need laws to help protect their rights and privileges. Measures to prevent discrimination against people with special health needs have been incorporated into the laws previously discussed in this chapter.

There is a privacy law that states no agency can share any record or information contained by any means of communication to any person or to another agency, except with written consent by the individual or parents of whom the record concerns, unless disclosure is legal by the law. Records include transactions, educational and financial history, medical history, and criminal or employment history that contains a name or identifying number, symbol, or photograph.

For example, a school counselor can not discuss a child with a special need with his or her friends or colleagues who have nothing to do with the case. However, if the child transferred schools, then his or her record of testing and special need, such as an IEP discussed earlier in this chapter, can be given to the new school.

SOCIAL SECURITY LAWS

The Social Security Administration also has laws concerning social security payments in conjunction with people and families having special health needs. Most tend to think of Social Security in terms of a retired elderly person. The average individual usually begins receiving Social Security benefits at the age of sixty-five. However, this is only 60 percent of the benefits paid by Social Security because many others also receive it. There are several people who receive Social Security each month because they are disabled, a dependent of someone who gets Social Security, or a widow, widower, or child of someone who has died. Social Security offers other benefits, such as more financial and medical assistance that can be helpful to individuals and families having special health needs. There are many different circumstances for each of these and the Social Security Administration reviews each case individually.

Social Security gets its funding from employers and employees paying taxes into the system during their working years. This money being paid in by employers and employees is put into trust funds, which are invested in treasury bonds. These are considered the safest of all investments. Then upon a person needing Social Security benefits, his or her case is reviewed, including the number of years one has worked and his or her earnings, which is all translated into credits. The credits a person needs to qualify for Social Security depends on eligibility for certain benefits. To apply for Social Security or for more detailed information about the Social Security system, one should contact the Social Security Administration office nearest them.

RESPONSIBILITIES OF PERSONS WITH SPECIAL HEALTH NEEDS

The laws discussed in this chapter have been designed to benefit a person with a special health need, but people with special health needs also have responsibilities to fulfill. They need to know how to care for their special health need in the place of employment. For example, diabetics need to know what to do for themselves should the need arise, such as giving themselves a shot or keeping candy on hand if needed. Also, it would be nice if they would inform their co-workers what to do in case of an emergency. For example, a person with epilepsy should inform his or her co-workers on what action to take in case of a seizure.

A person who has a special health need should take the necessary steps to maintain his or her health condition and do what is necessary to stay in good health. A positive thing a person with a special health need can do is discuss his or her special need with others. This is one way to inform society about the many special health needs that people have.

Another responsibility is for a person with a special health need and his or her family to be honest. If there is a special need, acknowledge it and then begin to deal with it. This honesty applies when dealing with doctors, educators, and employers.

Summary

- Laws that have been passed to improve the education of a person with a special need include the following:
  - Elementary and Secondary Education Act
  - Handicapped Children's Early Education Assistance Act of 1968
  - Rehabilitation Act of 1973
  - Education of All Handicapped Children Act
  - Vocational Education Act of 1963
  - Vocational Education Amendments of 1968
  - Education Amendments of 1976
  - Carl D. Perkins Vocational Education Act of 1984
  - Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990

- Tax laws passed to benefit people with disabilities include:
  - Tax Reform Act of 1976
  - Tax Reduction and Simplification Act of 1977

- The Americans with Disabilities Act provides advancement for people with disabilities in the areas of employment, telecommunications, transportation, and public accessibility.

- People with special health needs, as well as other citizens, sometimes need laws to help protect their rights, privileges, and privacy.

- Several people receive Social security benefits such as the following:
  - retired persons usually sixty-five or older
  - children or adults who are disabled
  - dependents of someone who receives social security
  - a widow, widower, or child of someone who has died

- There are several circumstances for each Social Security case, and the Social Security Administration reviews each individually.

- People with special health needs have responsibilities to fill as well as legislators have responsibilities to fulfill.

Vocabulary

ADA
Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990
Carl D. Perkins Vocational Education Act of 1984
Education Amendments of 1976
Education of All Handicapped Children Act
Elementary and Secondary Education Act (ESEA)
Handicapped Children's Early Education Assistance Act of 1968
Individual Education Program (IEP)
least restrictive environment
Rehabilitation Act of 1973
Tax Reduction and Simplification Act of 1977
Tax Reform Act of 1976
vocational education
Vocational Education Act 1963
Vocational Education Amendments of 1968

Review

1. Choose one of the education laws and explain why you feel this law was helpful for families having children with special health needs.
2. Why were tax laws needed for people with disabilities?
3. How did the two tax laws benefit people with disabilities?
4. Why was the passing of ADA such a huge step for people with disabilities and special needs?
5. Which law made advancements for employment before ADA?
6. How is a person's privacy protected?
7. What does the word "records" include when referring to confidentiality?
8. How does Social Security affect individuals and families with special health needs.
9. What responsibilities do people with special needs have?
10. How can a person with a special health need help educate society?

Critical Thinking

Stephanie Hallman is twenty-one years old and has recently graduated from a commercial college with a certificate in computer programing. Upon graduation, she read an add for a job with a local company, Bradford and Haynes Inc., for a data-entry position. She applied for the job and was the most qualified applicant because she had extensive training in all of the computer programs that will be used in this position. The person who was hired did not have extensive training for any of the computer programs. Stephanie feels the reason she did not get hired is because she has a visual impairment, which would have required the employer to buy a special computer monitor for her use.

Stephanie has taken Bradford and Haynes Inc. to court, and your classroom is the courtroom. Arrange the seating of the class in a way that will represent a courtroom. Appoint individuals to be Stephanie, Mr. Bradford and Mrs. Haynes, a prosecuting attorney, a defense attorney, and a judge. Have the remaining people serve as the jury. Conduct a trial and decide whether Stephanie should or should not have been hired.

After the trial, write a one-page paper defending Stephanie's side, then write a one-page paper defending the side of the employer. Use your critical thinking skills to think through every detail, thought, attitude, and feeling for each side.

10

Employment & Training for Persons with Special Health Needs

ESSENTIAL ELEMENT

- ❑ Describe employment and training opportunities for individuals with special health needs.(m.2G)

OBJECTIVES

- ❑ Discuss desirable personal characteristics for an employee to possess.
- ❑ Identify training opportunities for people with special health needs.
- ❑ Explain the rewards of employing someone with special health needs.

Often, people have false assumptions that persons with physical disabilities, mental disabilities, or other special health needs are incapable of employment and training opportunities. Many people with special health needs have skills and abilities for jobs, or can be trained in specific areas. This chapter covers personal characteristics, application processes, and rewards that come from employing a person with a special health need.

PERSONAL CHARACTERISTICS

There are several characteristics or qualities that employees need to be successful. Often, employers look for these personal traits when hiring people for jobs. Personal characteristics can be developed and improved if a person makes a sincere effort. Sometimes, people have to be taught these characteristics in a work place or in training prior to applying for jobs. Traits considered to be important by employers include the following:

- positive attitude
- loyalty

- personality
- personal appearance
- cooperation
- honesty
- punctuality
- dependability

Positive Attitude

A ***positive attitude*** is a way of acting, feeling, or thinking in which an individual shows a favorable mood or outlook. A positive attitude in a work situation means thinking about the work in a favorable manner. A positive attitude helps an employee carry out job responsibilities, get along good with co-workers, establish a good relationships with customers or clients, and have satisfaction on the job.

Loyalty

Loyalty is a very important characteristic for and employee to possess. A loyal employee follows the rules and policies of a business, and he or she is concerned with the quality of work and services provided. Usually, when an employee is loyal to an employer, the favor is returned with the employer being loyal to the employee.

Personality

Personality is the visible aspect of one's character apparent to others. Several traits combine to create an image that a person projects to others, which is his or her personality. Personality traits can include appearance, manners, cheerfulness, friendliness, honesty, sense of humor, dependability, generosity, the ability to get along with others, and anything else that makes up a person. These traits cause a person to be perceived by others as having a certain type of personality. Being able to get along with different personality types is a desirable characteristic in any situation.

Personal Appearance

Personal appearance refers to the way an individual looks. All employees benefit from having a good appearance, but it is especially important for employees who come in contact with the public. Just because a person has a special health need does not mean he or she cannot have a nice personal appearance. A good personal appearance can be achieved by meeting the following guidelines:

- Selecting clothing that is fashionable and fits properly.
- Having hair cut or trimmed on a regular basis in an appropriate style.
- If female, applying moderate amounts of makeup to a clean face.
- If male, shaving, and/or neatly trimming beard or mustache.
- Keeping hands clean and well manicured.
- Taking a bath or shower daily and using reliable deodorant.
- Washing hair as needed to maintain cleanliness, and styling hair daily.
- Repairing clothing on a regular basis as needed.
- Wearing shoes that are clean and in good repair.
- Always smiling.

Cooperation

Cooperation is willingly working with others' views and opinions to achieve common goals. To achieve cooperation in a working environment, employees should complete all

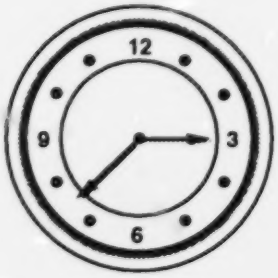
assigned tasks with a positive attitude. They should strive to cooperate in following the rules and policies of the employer. Also, if personality conflicts arise between employees, each should learn to work together and cooperate with one another.

Honesty

Honesty means being trustworthy, fair, and sincere. Employers expect employees to show honesty by maintaining high ethical standards, telling the truth, and handling the employer's possessions with care. Dishonest behavior is a common reason employees are dismissed from their jobs.

Punctuality

Punctuality means being on time and prompt. Being on time to work, never taking extra time at breaks and lunch without permission, and not leaving work early are traits of punctuality in the work place. Employers notice the employees who are and are not punctual, and the ones that are punctual are appreciated.



Dependability

Dependability is having confidence and relying on someone. A dependable employee is one an employer can rely on to get the job done, to show up for work when specified, and to give additional tasks to, knowing they will be completed. An employer who has dependable employees can feel better about having to be away from the office. An employee knowing that an employer depends on him or her should strive to keep that trust.

TRAINING OPPORTUNITIES

People with special health needs have numerous training opportunities available to them. Opportunities available include the following:

- ***Apprenticeships*** — programs designed to teach a worker a skilled trade or craft. The U.S. Bureau of Apprenticeship and Training, a division of the U.S. Department of Labor, defines an apprentice as a worker who learns a skilled trade that calls for two or more years of on-the-job experience and instruction.
- ***Vocational Schools*** — approximately two years are required to complete a program at a vocational or technical school. This type of school stresses highly specialized skills and occupations. Vocational education is offered on a secondary level in areas such as home economics, agriculture, health services, or technical fields. Postsecondary vocational education offers more specialized skills, such as clerical skills, data processing, and television repair.

- ***Community and Junior Colleges*** — this type of college offers an associate degree in which an individual completes the first two years of a four-year-college program before transferring to a four-year-college, or students can complete programs in specific areas, such as computer specialist, laboratory technician, accounting, and legal secretaries.

- ***Four-Year-College*** — this type of college offers advanced degrees necessary in order to obtain jobs with more responsibility. Each four-year college has its own standards with two general requirements: completion of a GED or a high school diploma. There are approximately two thousand colleges and universities in the United States. One can choose to study a wide variety of areas, such as home economics education, psychology, or architecture. Once a bachelor's degree is completed, one can go on to receive a graduate or professional degree. Examples of degrees include Bachelor of Science, Master of Arts, Doctor of Philosophy, and Doctor of Education. Four-year colleges include state colleges, community colleges, and private colleges. Expenses and degree plans vary from school to school.

Colleges or universities should have their facilities adaptable to any physical disability a person might have. This includes a professor adapting his or her teaching for a person with a special health need like a hearing impairment. People with special health needs can be taught a skill or trade in which they can excel and obtain employment. Special health needs should not limit a person in what he or she feels capable of, and sometimes it is up to the family to believe in that person and get him or her into a training program.

APPLICATION PROCESS

Locating employment can be hard, especially when one has a special health need. If a special health need is visible, he or she might have greater difficulty getting an interview if the employer has not received information on his or her qualifications. The employer might be more willing to an interview a person having a special health need upon reviewing his or her qualifications. However, the majority of people still believe that a person with a disability is not as capable of doing a job as a person without a disability. This is another aspect in which society must be educated. Also, most people tend to feel uncomfortable around a person with a disability. These are all factors that contribute to difficulties in locating employment.

To begin searching for a job, one must identify and follow up on job leads. A ***job lead*** is information concerning prospective job openings and employers. Some common job leads for a person with a special health need are as follows:

- friends, relatives, and acquaintances
- school placement
- state employment services, such as the Texas Employment Commission
- private employment agencies
- cooperative education
- help wanted ads
- newspapers

After applying for a job, several applicants are usually selected to come in for an interview. If a person with visible special health needs interviews for a job, the employer can not ask about the disability. However, the employer can explain the duties of the job in detail and then ask, "Is there anything to prevent you from doing this job?" If for some reason the applicant can not perform the duties of the job, he or she is then legally liable to say so. The Americans with Disabilities Act , which is covered in Chapter 9, has made huge advances for the employment of people with disabilities. If for some reason, a person with a disability feels that he or she has been discriminated against for a job, he or she can contact the local Texas Employment Commission office.

REWARDS

The rewards of hiring a person with a special health need are numerous. Through

these employees, others can become familiar with different types of special health needs and learn to feel comfortable around people having disabilities. Hiring a person with any special health need can be educational for everyone involved.

One very big reward common to the employer is loyalty from the employee. The employee is usually so grateful to have been given a chance to prove himself or herself that gratitude is shown in terms of loyalty and hard work. A dedicated and sincere employee in this situation will usually persevere cheerfully when work gets difficult.

Employees who are elderly or have mental disabilities often show unconditional love and friendliness to everyone around them. Their spirits are usually high, and they get a true joy out of life by just being themselves. Their warm personality rubs off on everyone they contact.

Summary

- Often, people have false assumptions that those with physical disabilities, mental disabilities, or other special health needs are incapable of employment and training opportunities.

- Traits considered to be important by employers include the following:
  - positive attitude
  - loyalty
  - personality
  - personal appearance
  - cooperation
  - honesty
  - punctuality
  - dependability

- Training opportunities available to people with special health needs include the following:
  - apprenticeships
  - vocational schools
  - community and junior colleges
  - four-year universities

- Some common job leads for a person with a special health need are as follows:
  - friends, relatives, and acquaintances
  - school placements
  - state employment services
  - private employment agencies
  - cooperative education
  - help wanted ads
  - newspapers

- The rewards of hiring people with a special health needs are numerous.

Vocabulary

apprenticeship
community college
cooperation
dependability
four-year college
job lead
junior college
personal appearance
personality
positive attitude
punctuality
vocational schools

Review

1. Explain four favorable characteristics an employer might look for when hiring and why each of these are important.
2. What training opportunities are available to people with special health needs? Explain each one.
3. Explain the difference between vocational training on a secondary level and a postsecondary level.
4. Describe why a person with a special health need would not have a problem having accessibility to any college or university.
5. Why might it be hard for a person with a special health need to find a job?
6. How should one go about looking for a job? List some possible avenues for job leads.
7. In an interview situation what is legal for the interviewer to ask the applicant?
8. What should people with special health needs do if they feel the reason they did not get a job is because of their special health needs?
9. What are some of the rewards of hiring a person with a special health need?

Critical Thinking

Assume that you have some type of disability, whether it be a physical or mental impairment. You have just graduated from high school and you want to continue your education. Research all the possibilities for yourself in your community and anywhere else you might be interested in attending school or receiving training. Develop a plan for yourself to complete the type of higher education you have chosen. Think about the pros and cons for each possibility before making a decision. After you have made your decision, think about and find out all the necessary arrangements that will need to be made.

11

The Aging Process

ESSENTIAL ELEMENT

- ❑ Describe the aging process.(m.3A)

OBJECTIVES

- ❑ Define what age is considered "old."
- ❑ Review facts and fallacies about aging.
- ❑ Discuss characteristics and changes related to the aging process.
- ❑ Describe the relationship between society and the aging.
- ❑ List factors that contribute to longer lives.

With people living longer and the increasing number of the elderly in the United States, a common question is, "How old is 'old'?" Most people do not think of themselves as "old." Older people are often surprised to hear someone refer to them as old because they usually know others older than themselves. The U.S. Census Bureau considers the ***older population*** to be persons fifty-five and older; the ***elderly population*** to be sixty-five and older; the ***aged population*** to be seventy-five and older; and eighty-five and older the ***oldest old population***.

The category of the elderly population has been broken down into three subcategories that include the following: the ***young old,*** sixty-five to seventy-four; the ***middle old,*** seventy-five to eighty-four; and the ***oldest old***, eighty-five and older.

Although aging has been broken down into categories, there is no way to determine how a person will age. Aging is an individual process. All people grow old differently. However, there are some generalizations that can be said about what is fact and fallacy about aging.

FACTS AND FALLACIES ABOUT AGING

Young people have limited contact with the elderly outside of family; therefore, some viewpoints of the elderly are narrow. For some individuals, the only contact with the elderly may be through what is seen on television or what appears in books. These ideas and perceptions may be true of some older people, but certainly not for all. A ***fallacy*** is a false idea or perception. Figure 11.1 lists common facts and fallacies about aging.

CHARACTERISTICS OF THE ELDERLY

As mentioned earlier, within the aging process all changes do not occur at the same age or to the same degree in each individual. However, the aging process does affect the physical, psychological, sociological, and economic aspects of an individual's life.

Physical Changes

With age, physical changes occur that affect flexibility, muscle strength, the organs and body systems, and the senses. Also, the body is more susceptible to illness. To minimize these changes proper nutrition, exercise, and preventive health care are required throughout a lifetime.

Psychological Changes

Lowered self-worth, depression, and a perceived loss of control and memory are some of the psychological changes that might occur as a person grows older. Part-time employment,

volunteering, and involvement in hobbies and activities can help prevent these feelings and keep the elderly person mentally active.

Social Changes

As people age, they might begin to feel as if they are "out of sync" with current values in society. They might also begin to have feelings of loneliness. Ways to minimize these feelings are through an open-minded attitude, working at existing relationships, and making new friends and contacts.

Economic Changes

Economic changes that sometimes occur with age include less income, having to become dependent on "unearned income," and an increase in health care expenses. Ways to minimize economic sufferings include shared expenses, an assessment of actual income and expenses, and planned spending with the use of a budget.

These changes and specific needs of the elderly are discussed in greater detail in the next few chapters. The aging process is a very complex one, considering that a person begins to age as soon as he or she is born. To gain an understanding of the adjustments of later life, sensitivity towards older adults, and healthy aging, it is important to be aware of the aging process.

Facts and Fallacies About Aging

Facts

- ✔ All five senses tend to decline as people age.
- ✔ Lung capacity tends to decline as people age.
- ✔ Physical strength tends to decline as people age.
- ✔ Elderly drivers have fewer accidents per person than drivers under age sixty-five.
- ✔ About 80 percent of the elderly population are healthy enough to carry out their normal activities.
- ✔ Elderly people usually take longer to learn something new.
- ✔ Reaction time of the elderly tends to be slower than the reaction time of younger people.
- ✔ The majority of the elderly are seldom bored.
- ✔ Elderly workers have fewer accidents than younger workers.
- ✔ Most medical practitioners tend to give low priority to elderly patients
- ✔ The majority of elderly people are working or would like to have some kind of work to do (including housework and volunteer work).
- ✔ The majority of elderly people are seldom irritated or angry.

Fallacies

- ✂ The majority of people past age sixty-five are senile.
- ✂ Most of the elderly have no interest in or capacity for sexual relations.
- ✂ Most elderly people are miserable much of the time.
- ✂ At least one-tenth of the aged are living in long-term care facilities, mental hospitals, or homes for the aged.
- ✂ Older workers cannot work as effectively as younger workers.
- ✂ Most of the elderly are set in their ways and will not change.
- ✂ Older people cannot learn new skills.
- ✂ In general the elderly are basically alike.
- ✂ Most elderly people are socially isolated and lonely.
- ✂ Only a small percentage of the U.S. population are now age sixty-five or over.
- ✂ Most elderly people have incomes below the poverty level.
- ✂ The elderly tend to become more religious as they age.
- ✂ The health and socioeconomic status of the elderly in the year 2000 will probably be about the same as it now.

Figure 11.1

SOCIETY AND THE AGING PROCESS

One of the fastest growing age groups in the United States today is that of the elderly. The following statistics are based on the percentage of the total U.S. population ages sixty-five or older:

Year	Percent
1900	4.10%
1970	9.80%
1975	10.50%
1985	12.00% +
1990	12.50%

Future projections have been made by the U.S. Census Bureau of the population that will be sixty-five years old or older. The projections are as follows:

Year	Projection
2000	12.70%
2010	13.30%
2020	16.60%
2030	20.20%
2040	20.70%
2050	20.60%

One can easily see based on these projections that the elderly population is on the rise. Along with this increased population of the elderly will come changes in society. There will be more of a demand for professionals in the field of elderly care and specialization, as well as more of a demand for facilities to accommodate the elderly, such as adult day cares and long-term care facilities.

Also, the nation's economy will be affected by this through programs that aid the elderly, such as Medicare (discussed in Chapter 2) and Social Security benefits. Due to the increasing population of the elderly, it is possible that the retirement age and the age to begin receiving benefits will increase.

LONG LIFE FACTORS

Today's elderly are different than in the past. They are healthier and better educated. Many are using their skills and experiences to set new goals and look to the future. In the past, society faced the problem of people having short life spans. This is not necessarily so today. The average life span has increased from years past.

This increase in life span can be contributed to medical technology, and better health care. Today's older population tends to stay healthier because of these two factors. Illnesses are more easily detected and treatments are more effective than in the past. Also, through studies in the medical field, daily habits have been discovered to help individuals stay healthier, such as diet and exercise.

Other factors that can contribute to a longer life include life experiences, income level, social status, and occupation. Years ago people had life experiences such as moving across the United States and settling land, which was hard physical labor on a person. There were no tractors to break the land to plant a crop; an animal and guided hand plow were used. This had a definite physical effect upon a person's body. Although people today still work hard physically, there are many machines, such as farm equipment, that reduces the amount of physical labor a person has to endure. This is

also true in homes with the development of such luxuries as stoves, washing machines, indoor plumbing, and electricity.

In today's society, after completion of high school, many people seek a higher education, which has provided people with the opportunity for higher income levels, social status, and less strenuous occupations. With higher income levels and social status, luxuries such as automobiles and microwaves are more affordable. Many occupations are available that do not require primarily manual labor as in the past.

Gender also contributes to long life factors. Over the years researchers have discovered different factors between men and women concerning health issues and the tendency for something to develop in a female instead of a male and vice versa. For example, osteoporosis, which is discussed in Chapter 5, is much more common in females than males. More men than women are likely to get coronary artery disease, also discussed in Chapter 5.

The list goes on of factors that contribute to better living and health, including better housing, improved sanitary conditions, exercise programs, and the development of proper diets. An increase in technology and discoveries through medical research, has made it easier for people to know how to take care of themselves; therefore, increasing their chances for a longer life.

Summary

- Aging is an individual process and all people grow old differently.
- For some individuals, the only contact with the elderly may be through what is seen on television or what appears in books, which is usually not a true representation of older people.
- Aging affects the physical, psychological, sociological, and economic aspects of an individual's life.
- The aging process is a very complex one, considering that a person begins to age as soon as he or she is born.
- In coming years, there will be more of a demand for professionals in the field of elderly care and specialization, as well as more of a demand for facilities to accommodate the elderly, such as adult day cares and long-term care facilities.
- In the past, society faced the problem of people having a short life span. Factors that contribute to a longer life include life experiences, income level, social status, occupation, and gender.

Vocabulary

aged population
elderly population
fallacy
middle old
older population
oldest old
oldest old population
young old

Review

1. Why do most people not think of themselves as old?
2. List and discuss six common fallacies about aging.
3. What physical changes occur with age and what can be done to reduce these changes?

4. Describe psychological changes due to aging and what can help prevent negative feelings.

5. How do the elderly change socially?

6. What are some economical changes the elderly may go through, and what can be done to minimize these changes?

7. What effect will the increasing rate of elderly people have on elderly services in the United States?

8. How will the increased elderly population affect the U.S. community?

9. How are today's elderly different than in the past.

10. Name two advances for today's elderly and explain why they are advances.

Critical Thinking

Think of a person that you consider old. In your own words, describe the physical, psychological, sociological, and economic changes that you think he or she has gone through. Compare your findings with the facts about aging presented in this chapter. Do you still consider this person old? In which classification of the older population should they be classified?

12

Changes and Needs of the Elderly Individual

ESSENTIAL ELEMENT

- ❑ Outline the physical and psychological needs of the aging individual.(m.3B)

OBJECTIVES

- ❑ List physical changes an elderly person experiences.
- ❑ Review dietary and exercise needs of an elderly person.
- ❑ Discuss mental changes and needs of the elderly.
- ❑ Identify emotional changes and needs of the elderly.
- ❑ Describe social changes and needs of the elderly.

To better understand the needs of the elderly, knowledge about the changes that occur as people age is essential. As mentioned in Chapter 11, aging is an individual process. The physical and psychological changes that occur with age are different with each person. Changes that occur and the rate at which they progress are affected by diet, exercise, mental and emotional attitudes, and social relationships.

PHYSICAL CHANGES

Physical changes can affect people's attitudes, self-concepts, and abilities to perform daily tasks. As aging occurs and these physical changes take place, a person may lose independence, which is difficult to accept.

Appearance

The most obvious indicator of age is the changes in physical appearance. These changes take place at different rates in everyone. Some changes in appearance include the following:

- hair graying or thinning
- skin becoming less elastic, wrinkled, thinner, discolored, and somewhat drier
- warts or ***age spots*** (brown spots) developing mainly on the hands and arms
- varicose veins becoming more prevalent
- eyelids thickening
- shoulders narrowing
- hips broadening
- ***collagen***, the connective tissue between joints, wears thin causing vertebrae to squeeze closer together and causing overall body shrinkage

It is important to remember that not all of these changes occur with everyone or at the same time.

Internal Body Functions

As people grow older, the body's capacity for reproduction of cells slows down. Deterioration begins to take place, especially with thousands and thousands of cells dying daily. The internal functions affected include the cardiovascular system, respiratory system, digestive system, urinary system, skeletal system, and the muscular system.

Cardiovascular System. The heart begins to shrink, heart valves become less flexible, thicken, and do not close as efficiently. The walls of the heart thicken slightly in places; the heart's capacity to use oxygen lessens; fatty deposits increase around the heart; and blood pressure often increases as the arteries become less elastic.

Respiratory System. A loss of muscle tone decreases the ability to breath as the lungs become more rigid and stiff. This impairs the ability to cough or breath deeply.

Digestive System. As various glands in the body change, absorption rate, taste, and the smell of food might be affected. This can sometimes contribute to malnutrition. Another concern within this system is digestion and bowel activity.

Urinary System. The kidneys serve as the body's waste filtering system. With age, the flow of blood through the kidneys decreases and general kidney function deteriorates as well. A loss of muscle control can cause bladder problems. An enlarged prostrate gland often causes urination problems in males.

Skeletal System. Bones often become more brittle, more easily broken, porous and lighter, and joints become stiffer.

Muscular System. Muscle tissue becomes less healthy and if injured is replaced by scar tissue. Other changes include muscles becoming less elastic, nerve impulses slowing in speed, and reflexes slowing.

These changes are not all necessarily experienced by aging individuals, but the majority of the elderly will experience some of these. A lifetime of proper diet and exercise can help minimize these changes in everyone.

Senses

Around the age of thirty the five senses begin to lessen, but after age sixty the loss becomes more noticeable. The five senses include sight, sound, smell, taste, and touch. As a person ages he or she is not able to see or hear as well. Taste changes with salty flavors eventually disappearing. However, bitter, sour, and sweet flavors continue well into old age. In smelling, certain odors smell the same or odors are not smelled at all. The sense of touch is affected by the inability to feel differences in textures and the inability to sense temperature, slight pressure, and pain.

DIETERY NEEDS

The diet of the elderly is extremely important, but hard to properly maintain. As people age, their energy and calorie requirements are less due to a decrease in physical activity. However, nutrient levels remain the same as for younger adults. Therefore, it is essential that the diet of an elderly person be nutrient dense. The term ***nutrient dense*** means consuming fewer calories but eating foods high in nutritive value. Nutrients needed in the same amount as all adults include protein, calcium, phosphorus, iron, Vitamins A, C, and D, and fiber. Carbohydrates and fats need to be decreased as an adult becomes less active.

To ensure an adequate diet, a variety of foods from the six different food groups should be included daily. The food groups that supply the nutrients the body needs, as well as all needed calories for energy include the following:

- Breads and Cereals
- Vegetables
- Fruit
- Milk and Milk Products
- Meat and Legumes

The sixth group — Fats, Sweets, and Alcohol —provide mostly calories and few nutrients. This group's contribution to a healthy diet is limited compared to the other five groups. To maintain an adequate and proper diet, a variety of foods from the different food groups should be included daily. Refer to Chapter 20 for a Food Guide Pyramid and an explanation of the pyramid. Remember foods for elderly persons should be low in carbohydrates and fats.

Sometimes elderly people do not eat well due to matters, such as a loss of appetite, depression, financial problems, or they forget to eat. Other factors that might affect their eating habits are problems with their teeth and mouth, limited coordination, and the effort needed to prepare a meal is too great. The following are guidelines to follow when preparing meals for the elderly:

- Food should be attractively combined by color. Use a variety of colors each meal. If needed, add colorful garnish, such as fruit slices or carrot curls.
- Serve food with different textures to help with food identification. However, if the person must be fed by someone, foods of different textures should not be fed at the same time because it can contribute tochoking.
- Keep food separate on the plate to make it easier to identify.

- Serve food with a variety of temperatures. For example, serve a hot oven meal with a cold salad and ice cream on warm pie.
- Elderly persons with taste losses enjoy eating more taste filled foods, such as cheeses, pickles, and ice cream.
- Know the likes and dislikes of the person for whom you are preparing or planning meals.
- Be aware of the need for possible supplements, if a person picks at his or her meals.

EXERCISE NEEDS

Physical fitness is an important factor in attaining and keeping good health. The object of physical fitness is to keep the tissues and organs of the human body healthy and working well. As discussed earlier in this chapter, as a person ages there is a decline in muscles and

organs; therefore, an exercise program is important.

Maintaining physical fitness can help slow down the aging process; thus, allowing the elderly to look and feel good and carry out daily duties and activities successfully. Some form of regular exercise for the elderly contributes to continued mobility and prevents joints from becoming stiff and limited in range of movement.

Physical activity does not have to be strenuous effort or vigorous exercise. The program should begin slowly and build up strength gradually. All exercise programs should be approved by a doctor and include the following basic parts:

1. **Warm-up** — gets the body ready to exercise and makes muscles more flexible (5-10 minutes).
2. **Exercise** — pushes the body toward its target heart rate zone (20-30 minutes).
3. **Cool-down** — allows the body to return to normal following vigorous exercise.

Activities can include walking, riding a bicycle, pedaling a stationary bike, swimming, and playing golf. Other activities that can supplement an exercise program are gardening, fishing, archery, horseshoes, Ping-Pong, shuffleboard, family outings, or evenings of social or square dancing.

Benefits that can result from programs of moderate, but regular exercise include the following:

- Develops strength which enables the performance of daily tasks with greater ease.
- Minimizes the effort required to perform routine tasks.
- Helps an individual to feel comfortable and to look, feel, and work better.
- Helps various organs and systems of the body, particularly the digestive process, work better.
- Reduces the risk of a heart attack or other forms of circulatory disease.
- Helps in weight control.
- Determines whether one becomes confined to bed or bounces back after a fracture, an operation, or a bout of the flu.

MENTAL CHANGES AND NEEDS

Mental abilities do not decline because a person grows older. However, there are variables that contribute to memory loss or confusion such as the following:

- Inadequate nutrition
- Illness
- Heredity
- Drug reaction from too much medication or a unique response to a particular medication
- Disease
- Isolation and lack of social contacts
- Depression
- Low blood pressure or heart disease
- Fat deposits which thicken the blood vessels in the brain
- Hypoglycemia or low-blood sugar
- A thyroid
- Liver disease
- Destruction of brain or nervous system cells

When an elderly person starts showing signs of forgetfulness, short attention spans, wandering, incoherent speech, or misunderstanding what is being said, he or she is becoming confused or disoriented. To help an elderly person who is confused or disoriented remind the person of who he or she is, where he

or she is, the time and day, and his or her surroundings. Memory loss is usually due to a lack of oxygen reaching the brain. Often, this is caused by a stroke or the brain's blood vessels being thickened from fat deposits.

The best thing to do for the elderly is to keep them mentally active. This can be achieved by people interacting with them. Sometimes it may be necessary to remind them of events, such as upcoming holidays or birthdays, daily tasks they need to do, or the current month or season. It is helpful for the elderly if they keep a journal, diary, or calendar of things to remember. Also, the elderly can stay mentally active by being involved in activities, such as hobbies or crafts.

EMOTIONAL CHANGES AND NEEDS

People regardless of age, have the same basic emotional needs — the need to feel comfortable with themselves and the world around them. Problems encountered by the elderly are similar to those of other adults: financial concerns, living conditions, family and peer relationships, physical illnesses, and the loss of loved ones. Most elderly are able to cope very well with the changes of old age by themselves or with the help of family members and friends. However, change can still be an emotional time.

Emotional Feelings and Changes

Physical and emotional needs overlap and affect each other. The more each person's physical needs are met, the better the quality of life for the person. For a person to have a healthy emotional outlook, basic needs, such as love and affection, independence, security, acceptance, recognition, trust, and socialization must be satisfied. The most common emotional feelings that can develop in an elderly person include anxiety, depression, grief and mourning, and hypochondria.

Anxiety. The term ***anxiety*** refers to being apprehensive or worried about what may happen in the future or an upcoming event. It is difficult to detect anxiety in older people because they often hide their feelings. Emotional symptoms of anxiety include the following: insomnia, denial, complaining, restlessness, fatigue, incompetence, fantasizing, hostility, dependent behavior, and isolation.

Depression. Depression in older people tends to be somewhat different from that found in younger people. Emotional signs of depression can include sadness, feeling blue, and crying spells. Physical symptoms include insomnia, decreased appetite, decreased weight, constipation, heart palpitations, fatigue, slowing of movements, and agitation. Other signs might include an uncaring attitude, confusion, emptiness, hopelessness, indecisiveness, irritability, dissatisfaction, feelings of worthlessness, and a suicidal attitude. Depression in an elderly person can be the cause of declining mental abilities.

Grief and Mourning. Grief and mourning can be brought on by the loss of a loved one, loss of a pet, loss of a home, or physical losses, such as vision or hearing. Normal emotional reactions to grief include a sense of unreality, a feeling of increased distance from others, feelings of hostility, guilt, and an intense preoccupation with the image of the dead person. Abnormal reactions include the following: ***delayed grief***—grief might not be faced for months or even years; ***inhibited grief***—

grief might show up as illness, over activity, or disturbed social interaction; ***prolonged grief***— grief is intense over a long period of time; ***"enshrinement"***— keeping things just as they were before the death of a loved one occurred; and ***advance grief***— grief occurs before the actual loss as in the case of a long illness.

Hypochondria. ***Hypochondria*** is an overconcern for one's physical and emotional health, along with physical complaints that have no medical basis. Reasons for hypochondria include the following:

- To interact with doctors, nurses, family, and others.
- To express anxiety over areas of great concern.
- To serve as punishment over guilt.
- To avoid unwanted behavior or interaction.
- To punish others.
- A symbol of the person's aging or sense of inadequacy.

Emotional Needs

As mentioned earlier, people must have their basic emotional needs met to feel comfortable with themselves and the world around them. The three main emotional needs an elderly person desires are love, self-worth, and self-fulfillment.

Love. Elderly people want to give and receive love and feel like they belong. Some elderly may feel as if they have become a burden and no longer belong or are needed. They also may feel that since they have lost their youthful attractiveness, they are incapable of being loved. If friends and spouses have died, there is no one to love.

Self-worth and Self-fulfillment. With age the role of parent or spouse diminishes, and there is less of a need to provide for or take care of others. Elderly persons should be encouraged to be as independent as possible. They should never be treated like children. One should listen and be open to opinions and suggestions made by an older person. Requesting stories about the elderly person's past successes gives him or her a sense of acknowledgment and credit. Activities should be encouraged that involve volunteer work or continued learning through clubs, books, and meeting other people.

SOCIAL CHANGES AND NEEDS

Many times the social roles of the elderly will decrease as they experience the loss of friends, family responsibilities, or even a spouse. Studies have shown that people who remain socially active keep a young spirit and stay mentally alive. Some social roles can last from young adulthood through old age, but will undergo changes as time progresses. The types of roles that give meaning to life in old age are those involving relationships with family and friends and memberships in various social, religious, or even political organizations. Involvement in these roles allows the elderly person to feel a part of something and needed.

Taking time to just sit, talk, and listen to the elderly does so much for them. At the same time, the listener can learn much. Elderly people have lived long and full lives and have wonderful stories and experiences to share. They can make history books come to life because they have lived though some of the events.

Summary

- Since aging is an individual process, the physical and psychological changes that occur with age are different with each person.
- Physical changes can have an affect on people's attitudes, self-concept, and ability to perform daily tasks.
- Physical changes that occur with age affect appearance, internal body functions, and the five senses.
- An elderly person's diet is extremely important, but hard to maintain properly because energy and calorie levels are less while nutrient requirements remain the same.
- Sometimes elderly people do not eat well due to factors, such as loss of appetite, depression, financial problems, or forgetfulness.
- A person needs an exercise program to keep the tissues and organs of the body healthy and to prevent them from breaking down and wasting away.
- Some form of regular exercise for the elderly contributes to continued mobility and prevents joints from becoming stiff and limited in range of movement.
- The best thing to do for the elderly is to keep them mentally active, which can be achieved through interaction with others, hobbies, or activities.
- The most common emotional feelings that can develop in an elderly person include anxiety, depression, grief and mourning, and hypochondria.
- The three main emotional needs of an elderly person are love, self-worth, and self-fulfillment.
- The types of social roles that give meaning to life in old age are those involving, relationships with family and friends and memberships in various social, religious, or even political organizations.

Vocabulary

advance grief
age spots
anxiety
collagen
delayed grief
enshrinement
inhibited grief
hypochondria
nutrient dense
prolonged grief

Review

1. Describe physical changes in appearance as a result of aging.
2. How are internal body functions affected by age?
3. How do the senses change over the aging process, and when is it most apparent?
4. Explain the dietary needs of an elderly person.
5. Why is it important for an elderly person to have a regular exercise program?
6. What should be done when an elderly person is confused or disoriented?
7. How can an elderly person stay mentally active?
8. Explain emotional feelings that the elderly sometimes experience.
9. What are the main emotional needs of an elderly person? Explain each one.
10. What types of roles give meaning to life in old age?

Critical Thinking

Think of an elderly person that you know. List the changes in him or her due to age that you have observed over the years. This includes physical, mental, and emotional changes. Evaluate what he or she presently does in his or her life, such as diet, exercise, and activities. Devise a plan for the elderly person to follow in order to stay as healthy as possible. Include in this plan a diet, an exercise program, and activities that are available in the community that will allow him or her to be mentally, emotionally, and socially active.

13

Needs of the Elderly

ESSENTIAL ELEMENT

- ❑ Identify characteristics and care needed by aging individuals. (m.3C)

OBJECTIVES

- ❑ Describe various health care options for an elderly person.
- ❑ Discuss clothing needs for the elderly.
- ❑ Identify and assess safety needs for an elderly person's home.

The elderly have many needs that must be met as the aging process continues. As a person ages he or she might begin to have needs, such as extensive health care, specific clothing, safety, and assisted living devices.

HEALTH CARE OPTIONS

Health care is a big concern when dealing with the elderly, especially since long-term health care and chronic health conditions are more prevalent among elderly persons. About 40 percent of the elderly population are limited in their major activities due to chronic conditions as opposed to only 7 percent of the younger population. The frail elderly, who comprise only about 6 percent of the total elderly population, often live in institutions that provide long-term care. The term ***frail elderly*** refers to the elderly population commonly classified in the oldest old category who are able to do little, if anything, for themselves.

The type of health care options a person needs to consider depends on his or her ability to complete ADLs and IADLs. The term ***ADL*** represents activities of daily living, such as bathing, eating, dressing, toileting, and getting around inside the home. The term ***IADL*** refers to instrumental activities of daily living, such as shopping, housework, money management, and meal preparation in addition to ADLs. Some elderly might require the help of others to

achieve these activities, which is when various health care options are considered.

There are various health care options available for the elderly. These include live-in nurses, long-term care facilities, home health care aides, day care services outside the home, and living with a family member.

Live-in nurses are nurses paid to actually live in the home with an elderly person. Usually in these situations, the elderly person is very ill and needs available care twenty-four hours a day. If affordable, the elderly stay in their own home.

Long-term care facilities give protective, personal and custodial care to the elderly who are dependent, but still functioning at a good level. They are usually operated by ethnic, religious, professional or labor organizations, and by private interests. The quality of long-term care facilities vary greatly depending on the type of facility. Long-term care facilities range from private skilled nursing facilities to nonskilled institutions. Most long-term facilities provide a complete food service, planned social activities, and limited medical facilities.

For individuals who do not need the medical care of live-in nurses or services provided by long-term care facilities and are able to live in their own home with assistance, personal home health care aides might provide the needed assistance. A ***home health care aide*** is a registered nurse, a licensed practical nurse, a vocational nurse, a nursing assistant, a home health aide, a therapist, or a nutritionist that makes regular home visits based upon the kind and amount of care needed. Home health care is usually an option if intensive medical care is not needed, nor life support systems, or any complicated treatments. This type of care is usually only provided with the recommendation of a doctor.

Other options include a day care outside the home, which is basically like a child care center for elderly people, or living with a family member. Refer to Chapter 16 for further information on these options. The cost of these services are sometimes covered by health insurance or Medicare, or the financial cost is paid for by the elderly or their family.

CLOTHING NEEDS

The aging process changes the shape of the body, which in turn affects an elderly person's clothing selection. There is often an increase in weight around the waist, stomach, and hips that causes the body to appear almost straight from the shoulders to the hips. Also, with age the body tends to grow shorter and a stooped posture becomes apparent.

As a person ages, there is a decrease in ***dexterity***, which means skill in using the hands and body. For this reason, the following must be considered when choosing clothes for the elderly: fabric, fasteners, design and style, and comfort.

Fabric

Fabric for the elderly must be able to withstand strain or abrasion. Strain comes from reaching, pulling, bending, using a walker, or wheelchair. Continuous rubbing, as a result of using crutches or a brace, can cause abrasion. The texture of the fabric should be soft and smooth. Also, clothing should be machine

washable and require no ironing. It is best to select clothing that does not require dry cleaning because it can be costly and inconvenient. Good clothing fabrics for the elderly are knits and stretch wovens.

Fasteners

Clothing should be easy to put on and to take off. Some degree of this is determined by the type, location, and size of fasteners. Generally, small fasteners, such as snaps, buttons, or hooks and eyes, are more difficult to handle. Large buttons with shanks, large metal hooks with bars, velcro, zippers with large decorative zipper pulls, and magnetic fasteners are easier to handle. If clothing does not have these features, there are several ways to make adaptations, which is discussed in Chapter 20.

Also, fasteners on shoes should be considered. Slip-on shoes are more convenient than lace-ups. Velcro has replaced many lace-up styles. Slip-on shoes should be selected carefully since they tend to be a major factor contributing to falls. Slip-on shoes should fit securely and have nonskid soles. The suggested type of shoe for an elderly person is one that fastens securely, fits well, and has nonskid soles, such as athletic type shoes. Comfortable, proper fitting shoes and socks are essential.

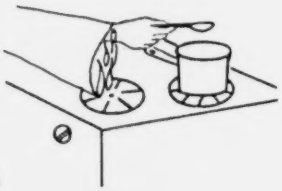
Design and Style

Design and style of the clothing are important. Front or side openings are more accessible for those with a limited range of motion and reach. Openings that are easy to manage and reach will reduce stress involved in dressing. Wrap-style garments, such as dresses or skirts, require little physical exertion. Most pullover styles are not recommended for the elderly who have decreased strength and limited range of motion.

If an elderly person has a hump in his or her back, this should be considered when selecting clothing. ***Kyphosis*** is the forward bending of the spine resulting in a rounded or sharp hump in the upper part of the back. It is commonly caused by a condition, such as rheumatoid arthritis, that deforms the bones of the upper spine causing the person to be bent forward. Nonmedical terms commonly used to describe this disorder include hunchback and humpback. Select clothing styles such as button-up shirts instead of pullover styles that allow greater ease in dressing.

Some elderly tend to be cool or cold natured most of the time. If this is the case, long sleeved garments should be selected. Also, sweaters and light-weight jackets should be a part of the wardrobe. These should be easy for the elderly person to get on and off and easy to fasten and unfasten.

Other design and style factors related to clothing involve safety considerations. Many accidents the elderly are involved in have a connection to clothing. Full-length robes or housecoats can be dangerous because feet can become hooked on the lower edge of the garment and cause one to stumble. Pants, dresses, and other garments should be a safe, comfortable length to avoid tripping and falling. Belts and ties should be kept at a shorter length to avoid being stepped on or tripped over. Nonflammable garments should be selected whenever possible. Sleeve lengths are important because loose fitting, long sleeves can become fire hazards in the kitchens or get caught in doors. Fitted full-length or three-quarter length sleeves are much safer.

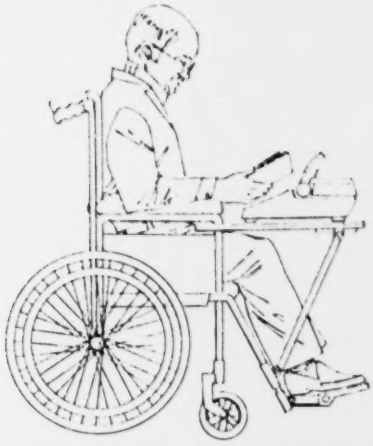


Above all, the design and style of clothing for the elderly should allow them to feel attractive and maintain a good self-image about their clothing. Although certain styles and designs might have to be chosen, they can still be stylish and allow the person wearing the garments to feel good about how they look.

Comfort

Most importantly, clothing for the elderly should be comfortable. All garments should be the correct size and allow for easy movement. Clothing that is too tight and rides up should always be avoided. Also, comfortable, proper fitting shoes and socks are essential.

If an elderly person uses a wheelchair or walker, then there are some special characteristics that should be considered in clothing. Extra fullness is needed in the back, the chest, and arms for maneuvering a wheelchair. Pants should be longer because in a wheelchair pants will rise up and leave a gap at the ankles. Dresses and skirts should be long enough to provide comfort and long enough to cover the knees. Two-piece outfits with the shirt untucked are best because they eliminate bunching.



Another characteristic of clothing that should be considered for a person having a cast on his or her leg or ankle is wider pants legs. This also may make it easier and more comfortable for a person with limited flexibility in his or feet and legs.

SAFETY NEEDS

As people age, their homes need to be evaluated for safety. Several elderly people are injured in and around their homes with many of the injuries resulting from hazards that are easy to fix, but also easy to overlook. There are four categories of safety rules: general, kitchen, bathroom, and bedroom.

General Safety Rules

The following are general safety rules for the home of an elderly person:

- All spills should be wiped up immediately to prevent falls and slipping.
- Repair should be made to small breaks in tile or linoleum so nobody will trip over loose edges.
- Small loose rugs throughout the house should be disposed of or furniture should be placed over the corners to hold them in place. If rugs are necessary, nonskid finished ones should be purchased, but it is important to keep them clean because dirt keeps the finish from gripping the floor.
- Furniture should be arranged so that there is a traffic lane throughout the house.
- All frequently used items should be arranged for easy access.
- Light switches should be located at both the top and bottom of stairways.
- Handrails should be securely fastened on both sides of the stairway and should always be used when climbing up or going down the steps.
- Carpet should be firmly attached to the steps all along the stairs. Loose or worn carpeting can lead to insecure footing, resulting in slips or falls.
- Carpet joints should be smooth and secure and firmly attached in all areas.
- Electrical cords should not be in the traffic lane. They should be where they will not cause one to stumble or trip.
- Smoke alarms should be installed.

Kitchen Safety Rules

The following are safety rules for the kitchen of an elderly person:

- All work surfaces should be kept clean and dry, especially the stove or range surface, since crumbs or grease can start a fire.
- Non-cooking equipment like potholders,

dishtowels, or plastic utensils should be kept away from the range.
- Non-breakable dishes and cookware should be used.
- Clothing worn in the kitchen should have no hanging parts or excess fullness that can easily come in contact with flames or surfaces of the stove.
- Reaching across the stove or range for knobs or other items, such as pots and pans, should be avoided.
- All frequently used items and food should be kept low to prevent climbing and reaching.
- Burns from hot liquids are common with elderly people because of shaky hands and decreased strength. These can be avoided by being extremely careful when handling liquids and knowing one's limits in carrying or pouring liquids.
- A telephone should be kept in the kitchen with emergency numbers listed in case of an accident.

Bathroom Safety Rules

The following are bathroom safety rules for an elderly person:
- Textured strips or appliques should be applied in the bottom of a bathtub or shower to provide a nonskid surface.
- A handle should be attached to the wall next to the tub or shower as a grab bar. If an elderly person is unsteady when standing, a stool with nonskid tips should be used as a seat while showering.
- The shower should be equipped with an adjustable height head.
- Nonskid bath mat should be used.
- Hot water heater should be set no higher than 110° to prevent burns due to the loss of senses.
- A light switch should be located near the door or an inexpensive night light that plugs into an outlet should be installed.
- Non-breakable glass should be installed.
- Cosmetics and personal care items that are in non-breakable containers should be used.
- A telephone with emergency numbers should be nearby in case of an accident.

Bedroom Safety Rules

The following are bedroom safety rules for an elderly person:
- A lamp or light switch should be located within reach of the bed to enable a person who gets up at night to see where he or she is going. Night lights should be installed when possible.
- A telephone should be within reach of the bed in case of an emergency. A list of emergency numbers should be by the phone.

The previous changes mentioned are simple changes that do not take a great deal of time and can prevent major injuries to elderly individuals. Refer to Chapter 20 for information on extensive adaptions.

Summary

- As people age, they may begin to have needs, such as extensive health care, changes in clothing, safety needs, and devices for living.
- The type of health care options a person should consider depends on his or her ability to complete ADLs and IADLs.
- There are various health care options available for the elderly, which include live-in nurses, long-term care facilities, home health care aides, day care services outside the home, and living with a family member.
- The aging process changes the shape of the body, which in turn affects an elderly person's clothing selection.
- Fabric, fasteners, design and style, and comfort need to be considered when selecting clothing for the elderly.
- If an elderly person uses a wheelchair, walker, or other special devices, these should be considered in clothing selection.
- Many elderly people are injured in and around their homes with many of the injuries resulting from hazards that are easy to fix, but also easy to overlook.
- Usually, safety changes are simple and do not take a great deal of time but can prevent major injuries to elderly individuals.

Vocabulary

ADL
dexterity
frail elderly
home health care aide
IADL
kyphosis
live-in nurses
long-term care facilities

Review

1. Why is health care a big concern among the elderly?
2. What are some advantages to live-in nurses and home health care aides?
3. What are some other health-care options available for persons who do not need to be in long-term care facilities or need live-in nurses?
4. List and explain characteristics that should be considered when selecting clothing for the elderly.
5. What clothing should be considered if an elderly person is in a wheelchair?
6. Name four general safety hazards that can be eliminated.
7. Why is it best for non-breakable dishes and cookware to be used in the kitchen?
8. Explain how to make a bathroom safer for an elderly person.
9. What safety features should be located in an elderly person's bedroom?

Critical Thinking

Think of the elderly person that you created a plan for in Chapter 12, and expand on that plan. Which health care option is he or she using or which options are available in the community? Look through magazines or catalogs and choose clothing appropriate for the elderly person. Remember to consider such things as the likes of the person and what types of clothing he or she needs to be appropriately dressed in attending usual functions. Also, create a plan to make the elderly person's living environment a safer one.

14

Elderly In The Community

ESSENTIAL ELEMENTS

- ❑ Describe employment and training opportunities for the elderly.(m.3D)
- ❑ Contrast the role of the elderly, their status, and contributions in various cultures.(m.3E)

OBJECTIVES

- ❑ Distinguish between volunteer work and paid work for the elderly.
- ❑ Discuss training and education for the elderly.
- ❑ Identify roles and contributions of the elderly.

The term ***retirement*** means due to age a person gives up his or her work, business, or career. Retirement can be a time of mixed emotions for an individual, which is discussed in Chapter 16. However, just because a person retires does not mean that he or she will never work again. Retirement can sometimes mean new employment and training opportunities for an elderly person.

Many elderly people work in volunteer programs or obtain part-time jobs for their enjoyment. This allows them to work, be free from the added stress that was with their previous job, and have a flexible schedule instead of a forty-hour week or more. Retirement also gives the elderly the opportunity to develop interest they never had time for before. In addition to employment, some of the elderly's needs are met by the contributions made to their families, churches, and communities.

VOLUNTEER WORK

The term ***volunteer*** means a person chooses to do something knowing that there is no promise of any reward, such as a salary or payment for services. However, this is not to say that there are no rewards in volunteer work because there are many. When the elderly are involved in volunteer work, the work allows them to feel needed and feel they are making a difference in the lives of others. As discussed in Chapter 12, these feelings are important for an elderly person to have.

There are numerous volunteer programs for the elderly. They can choose programs to continue interests they already have or to develop new interests in areas. Some elderly volunteer programs include the following:

- ***Foster Grandparent Program*** — senior volunteers care for physically, emotionally, and mentally disabled children in clinics and institutions.

- ***Senior Companion Program*** — senior volunteers provide support services in hospitals, the community, and in homes of older adults having special health, education, and social needs.
- ***Retired Senior Volunteer Program (RSVP)***— senior volunteers work in schools, courts, libraries, child care centers, hospitals, or other community service centers.

Elderly persons can contact places, such as their local chamber of commerce or the local senior citizens group if they want to become involved in volunteer work. Both of these places should know of opportunities for volunteer work.

PAID WORK

Some people are faced with mandatory retirement at the age of fifty-five. The term ***mandatory retirement*** means that retirement is forced by a business or organization and is not an option for the person retiring. Others may not retire until age sixty-five. However, just because a person retires does not mean he or she does not want to work anymore.

Elderly persons may want to return to the work force for the same reasons they have for getting involved in volunteer work. Reasons include the desire to be productive, the need to escape boredom, or the desire to develop other interests they may have. However, many elderly who return to the work force prefer part-time employment over full-time employment.

Part-time employment allows for a person to enjoy time for himself or herself, not to mention a part-time job can be less stressful and require less responsibility. Also, part-time jobs are usually flexible so a person still can plan vacations and travel like retired people often do. However, paid employment is not an option for some elderly, it is a necessity. In this case, the reason for employment is a need for money. Some elderly must find full-time jobs to lessen the financial burden of having a fixed income in the later years of life. These jobs are not always ideal, but they provide a source of income.

One option available to the elderly to fulfill their needs and make some money is to go into business for themselves. They can start a business in an area they have always had an interest in, operate out of their homes by selling crafts or hobbies, such as wood cutouts, or have a consulting business. This type of business allows one to make extra money while doing something enjoyed. Other types of employment

could be seasonal, such as being a tour guide during the spring and summer in places such as Colorado. This opportunity would greatly depend on the location in which the elderly person resides.

If an elderly person is seeking employment he or she should go to the local office of the Texas Employment Commission and fill out an application. Then he or she can be referred to different job interviews.

TRAINING AND EDUCATION

A person can never quit learning, and elderly people are no exception. Learning programs and services for older citizens are offered in most communities through places such as senior citizen centers, universities, churches, and schools. More and more older people are participating in some form of adult education.

If an elderly person lives where there is a university or community college, he or she can take a wide range of subjects from nutrition to western dance to computers. Usually, colleges have a plan for elderly students, so the classes are free or low cost. Many of these courses are designed as mini-courses, which can be particularly appealing to an elderly person not wanting to be tied down for an extended period of time. If an elderly person does not live where there is a college or university, he or she can check with the local Agricultural Extension Service, which usually offers short classes on various topics.

Computer training is becoming popular, with classes being taught in communities at night or during the day. These classes teach a variety of areas, such as the use of specific computer programs or basic computer skills.

Educational training is not the only type of training an elderly person can receive. He or she can learn how to do new crafts or develop new hobbies through classes offered at places such as a senior citizen center or a church group.

ROLES AND CONTRIBUTIONS OF THE ELDERLY

As a person ages, his or her role and status in life constantly changes. A baby grows into a child, who develops into a teenager, then a young adult, a middle-aged adult, and eventually an elderly person. During this development process, a person might serve in roles such as career person, spouse, parent, or grandparent. With each life cycle change comes new responsibilities and roles. As people grow older they are viewed as having more knowledge. You have probably heard the phrase "older and wiser."

The elderly have a special role within a family. They are the ones who know and have lived the biggest part of the family history. They are also the ones responsible for teaching the culture of their family. Through older family members teaching and sharing with

younger family members, various cultures are maintained and passed down through generation after generation.

In a church as people grow older, they are usually looked to for knowledge and wisdom. The elderly are seen in various roles within a church. Some are seen as being capable of doing no wrong and having the answers to everything. Others are seen as being big contributors to the religion or the church's roots and heritage.

If people have lived in a community for the majority of their adult lives, have been active community leaders, or are well-known and respected in the community, they are usually viewed as being pillars in the community. They are also viewed as being contributors to the growth and development of the community.

Often, the elderly are looked to as examples by others, as well as a teacher of cultural backgrounds, family roots, and religious beliefs. Through teaching about each of these, strong values that have been developed over the years are passed along to others. The elderly have so much to share and contribute about their life experiences, but only if others will take the time to listen.

Summary

- Many elderly people work in volunteer programs or obtain part-time jobs for enjoyment and fulfillment
- There are numerous volunteer programs in which an elderly person can become involved. This allows them to still feel needed and feel they make a difference in the lives of others.
- Reasons the elderly might want to return to the work force include the desire to be productive, the need for money, the need to escape boredom, or the desire to develop other interests.
- Learning programs and services for older citizens are offered in most communities through places, such as senior citizen centers, universities, churches, and schools.
- Through education and training, the elderly can study a wide range of subjects, such as nutrition, western dance, or new crafts and hobbies.
- As a person ages, his or her roles and status in life constantly change throughout the life cycle.
- Elderly people have special roles in the family, church, and community by being teachers of cultures and heritages.
- Elderly people have so much to share and contribute to others about their life experiences, but only if others will take the time to listen.

Vocabulary

foster grandparent program
mandatory retirement
Retired Senior Volunteer Program (RSVP)
retirement
senior companion progam
volunteer

Review

1. What are some advantages of an elderly person doing volunteer work?
2. How can an elderly person become involved in volunteer work?
3. What are the advantages of a retired person having a part-time job?
4. Why might some retired individuals want a full-time job?
5. What are some opportunities in training and education for an elderly person?
6. Explain the role of an elderly person in a family.
7. How are elderly people sometimes viewed within their church?
8. What role or status might the elderly have in their community?
9. Why is it important for the elderly to teach others about their culture?
10. How do elderly persons teach others about their culture?

Critical Thinking

Imagine yourself as an elderly person. Describe what you think your life would be like. At what age do you think you would retire? Investigate volunteer programs in your community. Which of these, if any, would you be involved in and how actively would you be involved? What types of employment are available for you? Locate places in your community for education and training programs. Would you be interested in any of these? Consider what your role would be in your family, church, and community. Describe your life as an elderly person in detail.

15

Services For The Elderly

ESSENTIAL ELEMENT

- ❑ Describe services available for the elderly and how they can be evaluated.(m.3F)
- ❑ Appraise the effects of laws related to health of the aging.(m.3G)

OBJECTIVES

- ❑ Discuss types of services for the elderly.
- ❑ Explain the purpose and importance of evaluating services.
- ❑ Discuss the affects some laws and politically active groups have had upon aging individuals in America.

As discussed previously in this book, as a person grows older his or her daily needs change. Sometimes it can be very difficult for the elderly to met all their needs without assistance. This assistance includes areas from services that are provided in a community to legislation that has been developed and passed with the elderly in mind. This chapter covers various types of services for the elderly, how to evaluate these services, and the affects that laws pertaining to the elderly have had upon the elderly.

TYPES OF SERVICES

There are numerous services available to the elderly on the local, state, and national level. Most of these services specialize in one of the areas of need associated with the elderly, such as nutrition, health care, and transportation. Sometimes an elderly person just needs small tasks completed, such as changing a light bulb or vacuuming the floor. There are services available that provide assistance for the elderly in these areas.

The ***Texas Department on Aging*** is a state agency developed in 1981 by the Texas Legislature to serve the older citizens of the state and to help them live as actively and independently as possible. To assist in this goal, the department created the ***Aging Network***, which is made up of twenty-eight area agencies that help provide services to the elderly of the state. Within the Aging Network, each area agency is responsible for assessing the needs of the elderly population and developing written plans to meet their needs within its region. The Department on Aging and the Aging Network work closely with other state and local organizations to create needed services where none exist or are limited. Some examples of services for the elderly include the following:

- **Home Helpers:** ***Home Helpers*** gives personnel assistance by performing regularly scheduled household services needed by the elderly.
- **Meals on Wheels:** ***Meals on Wheels*** provides hot, ready-to-eat meals that are delivered to the homes of the elderly.
- **Transportation Services:** free rides are arranged for elderly persons who are unable to drive themselves or who cannot obtain rides from friends or relatives.
- **Call Checks:** ***call checks*** is when home bound elderly people are contacted through daily phone calls.

- **Day or Night Sitters:** constant or hourly care is provided for homebound elderly persons.
- **Day-Care Centers:** care is provided for elderly persons during the day.
- **Sheltered Workshops:** ***Sheltered Workshops*** allow fit elderly persons to perform light work in a supervised area.
- **Life Line:** ***Life Line*** is twenty-four-hour emergency care that can be summoned immediately with an automatic phone device worn by the elderly person.
- **Youth Exchanging with Seniors (Y.E.S.):** ***Y.E.S.*** is similar to home helpers; in addition Y.E.S. promotes positive intergenerational relationships between youth and seniors.

Most services for the elderly are performed for free and by volunteers, while other services are sometimes provided for a fee. However, any person age sixty or older is eligible for services provided by the Texas Department on Aging, and all services provided through this department are free. Priority is given to those individuals considered to be in greatest economic need, but no income test is required for obtaining services.

Sometimes, elderly people receive services sometimes they do not have to request. Many places, such as theaters, parks, buses, universities, and stores, offer special senior citizen discounts on goods or services. Senior citizen discounts usually allow 10 percent to 15 percent off the regular price. These small savings can amount to many dollars over a period of time.

The Texas Department on Aging maintains accurate information on the availability of resources, follow-up services, and assistance to area agencies on aging. To locate services available within a community, one should contact United Way, the welfare office, or the Health Department.

EVALUATION OF SERVICES

Each elderly person is a unique and different individual; therefore, the services he or she uses should be compatible and adaptable. When choosing services one can contact the local Better Business Bureau, which may be able to provide information on the reliability of businesses that provide services to the elderly. The following can be helpful to know when evaluat-

ing a service:

- age requirements
- fees (if any)
- number of people being serviced
- length of time the service has been offered
- participant's comments
- what exactly the service offers
- availability
- are providers volunteers or trained

Services are provided to help an elderly individual, which is why services should be evaluated before using them. This aids in locating services that best meet the needs of an elderly individual.

LAWS AND LEGISLATION AFFECTING THE ELDERLY

In the United States there has been an increasing awareness focused on the elderly and issues relative to aging. In 1950, the first national conference was held related to aging and resulted in the development of a Special Staff on Aging. The following six objectives were created:

- provide a forum for persons concerned with aging
- reevaluate the potentials of the elderly
- stimulate the exchange of ideas among people with a view to solving problems of aging
- define the nature and extent of the problems
- promote research in the phases of aging
- transmit findings to groups as guidelines for the development of policies with regard to the elderly

Later, the Federal Council on Aging was developed to make recommendations concerning the needs of the elderly, and to shed light on the growing need for direction and increased activity in the field of aging. In 1961, the Second National conference on Aging requested that each state give an analysis of the needs and circumstances of its elderly population. This provided an increased awareness of state and local programs and a public focus on elderly issues. As a result, the Department of Health, Education, and Welfare was created, which is now known as the Department of Health and Human Services. This department was created to help the elderly through grants given to states for community services, training, and research.

The Third National Conference on Aging was held in 1971, prompting national response to the concerns of the elderly. The fourth conference on aging took place in 1981, and this conference stressed the importance of social policy planning for the increasing number of elderly in the United States. Through these conferences the needs of the elderly were assessed and action was taken to begin meeting the needs. One of the needs of the elderly was protection by laws.

Laws

Over the years, several laws have been made in favor of older individuals. With the growing population of elderly, there was, and still is, a great need for action to protect them. Some of the first laws focused on providing grants to start programs designed to help older citizens remain as active and independent as possible. Other laws have influenced matters, such as the amount of assets an elderly person can have for eligibility to receive Supplemental Security Income benefits, funding for programs specifically for the elderly, retirement benefits, and protective services. For example, the ***Social Security Act of 1967*** provided for Medicare and Medicaid, which are covered in Chapter 2.

Another instrumental law passed was the ***Older Americans Act of 1965,*** establishing the Administration on Aging and initiating federal grant programs to states that would help older citizens remain active and independent in their homes and communities. This act covers numerous issues affecting the elderly and is frequently updated with several amendments. For example, one of the items in the ***Older Americans Act Amendments of 1984*** requires

that the ombudsman in each state investigate complaints against long-term care facilities. This is sometimes referred to as ***nursing home ombudsman***. The term ***ombudsman*** refers to public officials appointed to investigate citizens' complaints and to help provide fair settlements on the matters. The ***Older Americans Act Amendments of 1992*** included the New Elder Rights Title, which strengthens conditions related to elderly abuse prevention, long-term care ombudsman, legal assistance, and insurance counseling services.

The laws that affect older Americans are meant to help them and to provide positive steps for them in areas, such as housing, employment, benefits, nutrition, health care, independent living, transportation, and dependent living and care. To obtain information about laws affecting the elderly one should contact local politically active groups concerned with these issues.

Politically Active Groups

Various groups are becoming increasingly more influential and are beginning to have a noticeable impact on the formation of the nation's policies concerning aging individuals. These groups serve as an ***advocacy*** for all older Americans, which means they speak or work on behalf of all the older population. The following groups are widely known for their effectiveness in informing legislators of the needs of the elderly:

- American Association of Retired Persons (AARP)
- Gray Panthers
- Silver Haired Legislature

AARP. The ***American Association of Retired Persons***, better known as ***AARP***, informs members about legislative issues of special concern to older persons that are being considered by congress and state legislators. They also work to educate legislators about the need for improved pension coverage, national health insurance programs, elimination of mandatory retirement, and tax reform.

Gray Panthers. The ***Gray Panthers*** are a politically active group that keep current knowledge of legislation and programs for the aged. They alert older Americans to pending legislation that might affect them.

Silver Haired Legislature. The ***Silver Haired Legislature*** is a body composed of delegates elected by older persons. Their main responsibilities are to identify legislative priorities desired by older persons and to lobby for the implementation of the desired priorities at the local or state level.

With society being more aware of the needs of the elderly, more of the elderly's needs are being met. Through the cooperation of individuals working in elderly services, policy makers, politically active groups, and state and federal agencies, complete and adequate care for the elderly is becoming more of a reality.

Summary

- There are numerous services available to the elderly on the local, state, and national level.
- Some examples of services for the elderly include the following: home helpers, Meals on Wheels, transportation services, call checks, day or night sitters, day care centers, life line, and Y.E.S.
- Any person age sixty or older is eligible for services provided by the Texas Department on Aging, and all services provided through this department are free.
- Each elderly person is a unique and different individual; therefore, services used should be compatible and adaptable to best meet the needs of an elderly person.
- The laws that affect older Americans are meant to help them and provide positive steps for them in areas, such as housing, employment, benefits, nutrition, health care, independent living, transportation, and dependent living and care.
- Various groups are becoming increasingly more influential and beginning to have a noticeable impact on the formation of the nation's policies concerning aging individuals.

Vocabulary

American Association of Retired Persons (AARP)
advocacy
Aging Network
call checks
Gray Panthers
home helpers
life line
Meals on Wheels
nursing hone obudsman
Older Americans Act of 1965
Older Americans Act Amendments of 1984
Older Americans Act Amendments of 1992 ombudsman
sheltered workshops
Silver Haired Legislature
Social Security Act of 1967
Texas Department on Aging
Y.E.S.

Review

1. What is the purpose of the Texas Department on Aging and the Aging Network?
2. Describe four services that are mentioned in the chapter.
3. Who are these services usually performed by?
4. Why should one evaluate a service before using it?
5. What should be considered when evaluating a service?
6. What are some issues that have influenced laws affecting aging individuals?
7. Explain the ombudsman item in the Older Americans Act Amendments of 1984.
8. What is the New Elder Rights Title?
9. Explain how politically active groups focusing on aging individuals affect laws being made concerning aging individuals.
10. Describe one of the politically active groups discussed in the chapter.

Critical Thinking

Mr. and Mrs. Wyatt are in their mid-eighties living on a limited income. They live alone in their small home in a city of about seven thousand people. The Wyatt's are in relatively good health for their ages. They sold their car and pick-up several years ago because they did not feel comfortable driving anymore. Many of their friends have moved to other towns or are no longer able to live alone. Since their children and other family members live at least a hundred miles away, the Wyatt's feel that they must care for their own needs. They cannot depend upon their children or friends. Identify and describe services that might be available to Mr. and Mrs. Wyatt that will help to keep them as independent as possible. List advantages and disadvantages of each service available to them and decide which services would be the best for them to use. What are some volunteer opportunities that Mr. and Mrs. Wyatt might do in their limited situation that will help to keep them active and feeling like worthwhile community members.

16

Care for the Elderly Upon Retirement

ESSENTIAL ELEMENT

- ❑ Discuss considerations for planning and providing care for aging individuals.(m.3H)

OBJECTIVES

- ❑ Identify the phases of retirement.
- ❑ Discuss care of the elderly in terms of housing options.
- ❑ Evaluate advantages and disadvantages to each housing option.
- ❑ List factors that should be considered in planning care and housing for the elderly.

As a person grows older, he or she continually faces change in life. Several of these changes are discussed in the previous chapters. Two big changes include retirement and where a person will live as he or she grows older. Planning and providing for care of an elderly person can be a huge responsibility for a family to face. Often, adult children begin to worry about the future of their aging parents when the parents retire.

Some elderly may immediately change where they live upon retirement and others might not move until later, if at all. Usually, this is determined by what the elderly person desires, the physical health of the elderly person and whether a spouse has died. The decision should be based on what will best benefit the elderly person. This chapter covers the phases of retirement and the different living arrangement options for retired aging individuals.

PHASES OF RETIREMENT

Retirement can be an exciting time, but it can also be a time of mixed emotions. Upon retirement or even before retirement, a person

might go through several phases. The timing and sequencing of each phase varies and some phases might even be skipped. These phases can be helpful in recognizing how people move from the working world to the world of retirement.

There are two phases that may be experienced before retirement: the remote phase and the near phase. The ***remote phase*** is when individuals do nothing to prepare for retirement, even to the point of denying they will have to retire. The ***near phase*** is when individuals realize that retirement is coming, and they begin some type of retirement planning. Sometimes this planning is very limited and might only involve getting information about benefits and pensions they can expect to receive upon retirement. This phase can also include in-depth planning of trips or things to be done upon retirement. Various types of work discussed in Chapter 14 might be planned during this phase.

Upon retirement there are several different phases that may be experienced:

- ***Honeymoon Phase*** — Depending on the reasons for retirement, whether it was forced retirement or self
-choice, this might be a time of high spirits and happiness. Individuals may be able to do all of the things they never had time to do before.
- ***Disenchantment Phase*** — During this phase the retired individual might have feelings of uselessness, being let down, or depressed.
- ***Reorientation Phase*** — This phase is an exploration period when information is gathered to help make decisions about the future.
- ***Stability Phase*** — Retired individuals establish a pattern of living with which they are satisfied in this phase.
- ***Termination Phase*** — A sickness or disability may cause a growing dependency on others, both physically and economically, during this phase. This is the phase in which living arrangements will most likely change.

RETIREMENT COMMUNITIES

One of the newer options for retirement living is residing in a ***retirement community***, which is a place of residence specifically for older retired individuals. A retirement community might be an entire town, a subdivision, or just one high-rise apartment building. These communities have different types of housing available, such as apartments, housing units, or mobile homes. Most retirement communities have stipulations and age requirements for purchasing property and for being a permanent resident. Most property purchases in a retirement community are very expensive, and in addition to the purchase, a monthly maintenance fee is charged. This fee is usually for things such as maintenance cost of the grounds, building maintenance, security, and activities.

Within these communities there are various forms of recreation and support services offered designed specifically to meet the needs of an elderly person. These are either free or covered by the monthly fee one has to pay. Forms of recreation frequently offered include golf, tennis, swimming, potluck suppers, card games, cookouts, exercise classes, and dancing. An advantage to retirement communities is that recreational and social activities are stressed, resulting in considerable peer mixing. Another advantage of retirement communities is that most are highly secured, which in turn gives the residents a feeling of security.

GROUP HOMES

Group homes are when two or more unrelated elderly individuals share a house with each having his or her own bedroom or private space. The amount of monthly rent that each

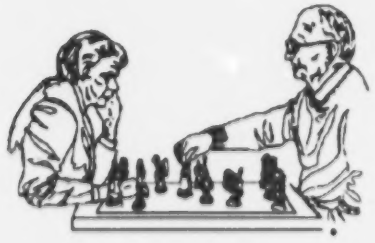
person pays depends on what tasks are done by the residents and what tasks are done by house management. The house is usually owned by a public or private agency rather than any one resident.

Sometimes resident involvement includes responsibility for property maintenance, housekeeping, finances, and resident selection, which are exchanged for rent. In other situations, a resident may pay rent regardless.

This type of housing provides older people on a limited income a way to reduce expenses. In addition to saving money, sharing responsibilities reduces strain, and group homes provides companionship for elderly individuals.

ADULT DAY CARE

Adult day care is a program for elderly adults to attend every weekday, providing them with physical and mental activity, as well as snacks and a nutritious meal. Basically, an adult day care is just like a child care center except it is for elderly adults. Many of these adults do not need the constant supervision and health care that elderly adults usually need that have been placed in long-term care facilities.



There are several advantages to an adult day care program for the elderly and families involved. For the elderly, day care provides nursing care as needed, exercise, help with personal care, a hot and nutritious noon meal, nutritious snacks, social interaction with others, and, if necessary, transportation to and from the center. A day care program for an elderly person helps relieve the family members responsible for him or her. It gives them a chance to go to work or take care of other responsibilities and not worry about the elderly person being home alone.

Adult day care centers should be licensed by the Texas Department of Health and certified by the Texas Department of Human Services. A family can feel confident in the medical care administered at the center because each center is required to have a licensed nurse on hand eight hours a day. To be eligible for an adult day care program, the applicant must be eligible for Medicaid outside an institution or meet other income requirements, have a medical need determined by department staff, or have a doctor's order.

ASSISTED LIVING

Assisted living is when an elderly person has help in completing daily tasks and receives health care in his or her home. This type of living allows the elderly to remain in their homes and keep as much independence as possible. In Chapter 13, live-in nurses and home health care aides are discussed, which are types of assisted living services. Several other types of assisted living services are discussed in Chapter 15 and include the following:

- Home Helpers
- Meals on Wheels
- Transportation Services
- Call Checks
- Day or Night Sitters
- Life Line
- Y.E.S.

LONG-TERM CARE FACILITIES

Long-term care facilities give protective, personal, and custodial care to the elderly who need continual supervised care although they may still be independent in many ways. Refer

Factors to Consider and Research When Choosing a Long-term Care Facility

- Check with the local Department of Health for any Nursing Home Ombudsman cases that might have been investigated there.
- Talk to families who you know have a family member in the facility.
- Observe the staff in how they interact with the people living there.
- Observe the residents to see if they are clean, have clean clothes on, and if it appears their physical needs are being met.
- Observe the appearance of the building to see if it is well maintained and clean.
- Observe the type of food served and the regulations for eating, such as snack times aside from meal times.
- Observe the facility at different times of the day unexpectedly to see if care is on-going.
- Request to see a schedule to find out what kinds of activities are offered, such as recreation, crafts, or exercise.
- Consider if the facility is close enough where family and friends can often visit.
- Consider the cost of the facility and if it accepts Medicaid.

Figure 16.1

to Chapter 13 for more information on long-term care facilities.

It is usually very difficult for a family to make the decision to place an elderly family member in a long-term care facility. In most cases the elderly adult does not see a need to be placed in the facility, and it is a difficult change to accept. After the change has been made, the elderly person might feel resentful towards family members, and family members might feel a great deal of guilt. Everybody involved must be given time to adjust to the situation.

When a decision has been made to place an elderly family member into a long-term care facility, the facility should be observed and chosen carefully. Refer to figure 16.1 for factors to consider when choosing a long-term care facility.

After carefully considering all of these factors, the long-term facility where the elderly person will adapt the best should be the one chosen. If there are several possibilities, let the elderly person visit each one and help make the decision.

LIVING WITH A SIBLING OR CHILD

Other options available to an elderly person concerning living arrangements include living with a sibling or an adult child. Both of these has advantages and disadvantages, which will be discussed later.

Siblings moving in together can help overcome loneliness and provide constant companionship, as well as have someone to check on the elderly person everyday. In this situation, both siblings may be elderly, but they can still provide each other with support and companionship. A problem that might arise is if one of the siblings feels like he or she is superior to the other sibling. Each sibling should try to understand and respect the other as a complete individual and not try to be a parent to the other. If one moves into the house of another, he or she should be allowed to bring some of his or her personnel belongings, have his or her own room, and feel like the house is now also his or her home. An open line of communication should be established between the siblings.

When an elderly parent moves in with his or her adult child, it can be a big adjustment for a family. The big advantage is that the elderly person is with the adult child; therefore, the adult child can see that all of his or her parents' needs are being met. One big disadvantage to this situation is the strain it can sometimes place on the family unit. The elderly parent should realize that this is the adult child's home and the adult child should still be able to conduct his or her household in the way he or she is accustomed. However, the elderly person should be made to feel a part of the family unit and be involved in decision making for the whole family. Nevertheless, the adult child is the one who makes the major family decisions and should have the support of the elderly parent living in the home. When an elderly parent comes to live with his or her family, he or she should be provided with his or her own room. This might result in grandchildren having to share a room with each other or the house having to be remodeled to add an extra room. The elderly person should be allowed to furnish his or her room with personnel belongings. This will keep the elderly person in familiar surroundings and help make the move less dramatic.

An elderly parent moving in with an adult child takes planning and consideration. In addition to deciding which room in which the elderly person will stay, other questions should be considered, such as what will be done with excess furnishings of the elderly person, whether some type of care schedule is necessary, and how will the family's daily routine be altered to include the elderly person?

Summary

- Planning and providing for care of an elderly person can be a huge responsibility for a family to face.
- Usually where the elderly live upon retirement depends on what they desire, their physical condition, and whether there has been the death of a spouse.
- The timing and sequencing of each phase of retirement varies and some phases might even be skipped.
- The two phases that a person may experience before retirement are the remote phase and the near phase.
- Upon retirement there are several different phases that may be experienced, including the honeymoon phase, disenchantment phase, reorientation phase, stability phase, and the termination phase.
- Living options for a retired elderly individual include the following:
  - retirement communities
  - group homes
  - adult day care
  - assisted living
  - long-term care facilities
  - living with a sibling or child
- Most retirement communities have age requirements for purchasing property, which is usually very expensive, and for being a permanent resident.
- Group homes provide elderly individuals on a limited income a way to reduce expenses as well as have companionship.
- For an elderly person, adult day care provides nursing care if needed, exercise, help with personal care, a hot and nutritious noon meal, nutritious snacks, social interaction with others, and if necessary, transportation to and from the center.
- Assisted living allows the elderly to remain in their homes and keep as much of their independence as possible.
- A long-term care facility should be observed and chosen carefully by the family of the elderly person.
- Living with a sibling or an adult child are options for an elderly person, but this can sometimes be very hard on the family unit.

Vocabulary

adult day care
assisted living
disenchantment phase
group homes
honeymoon phase
long-term care facilities
near phase
remote phase
reorientation phase
retirement community
stability phase
termination phase

Review

1. Explain why a person might experience the various phases of retirement. Why might he or she skip some of these phases?
2. What are common characteristics of a retirement community?
3. What are the advantages of an elderly person living in a group home?
4. How does adult day care benefit the elderly individual and the family involved?
5. What are the advantages to assisted living? What are the disadvantages?
6. What factors should be considered when choosing a long-term care facility?
7. What are the advantages and disadvantages of an elderly person moving in with a sibling?
8. What are the advantages and disadvantages of an elderly parent moving in with his or her adult child?
9. What must be provided to the elderly person when moving in with a sibling or an adult child?
10. What can make an elderly person's move in with an adult child or sibling more of a positive and less dramatic change?

Critical Thinking

Assume that you have an elderly grandparent who is either going to have to be placed in a long-term care facility or live with you and your family. Visit long-term care facilities in your area and evaluate each one. Consider how your grandparent would fit in at each particular one. Remember to consider all the factors discussed in the chapter. Also, evaluate the changes that will have to be made in your home for the grandparent to live with your family. Consider where in the home the elderly person will live, if space is available for belongings, what will be done with the excess furnishings, if he or she will require a significant amount of care, and how this will affect the family's daily routine.

After thoroughly considering and evaluating each option, decide which decision is the best for your grandparent and your family. Listing the pros and cons of each choice can probably help in determining your decision.

17

Family Adjustments For Special Health Needs

ESSENTIAL ELEMENT

- ❑ Describe coping/adjustment strategies for individuals and families of the elderly and handicapped.(m.4A)

OBJECTIVES

- ❑ Discuss some coping and adjustment strategies needed in a crisis.
- ❑ Explain the importance of communication and understanding within a family unit.
- ❑ Describe different family roles within a family unit having special health needs.
- ❑ List the personal contributions a person with a special health need can make to family life.

When a family is faced with a special health need, members will have to make adjustments within the family unit. One adjustment includes overcoming the crisis of the situation. Other adjustments include the family developing coping strategies and making arrangements to meet and overcome the challenges of the special health need. Chapter 3 covers the importance of a family building strengths and communicating with one another, and this chapter will further that discussion.

CRISIS

The term ***crisis*** refers to a major disruption of normal family functioning. Crisis events within a family may include the loss of a member, addition of a member, alcoholism, drug addiction, imprisonment, infidelity, and shifts in status such as unemployment, disasters, war, sudden wealth, or sudden poverty. Also, having a family member become ill or disabled, having an elderly family member in

bad health, or having an elderly relative move in with his or her family can cause a family crisis.

Crisis situations can be short-term or long-term depending on the source of the crisis. This will determine whether family adjustments will be major or minor. Whatever the case, it is important for family members to know how to handle a crisis.

Techniques to handling crisis situations include organizing time and space, helping the family work together, putting anger to work, keeping busy with a variety of activities, working out problems, and finding information that will help. Some other resources that can help a family get through a crisis are mental strength, physical strength, social strength, and financial resources. Included in these are the support of friends, extended family members, the community, and religious beliefs.

Others can help a person or family in a time of crisis by doing the following:

- Helping confront the crisis.
- Avoiding false assurances, such as "everything will be fine."
- Helping find out facts about the situation. Resources may have to be gathered and shared.
- Encouraging not to blame others.
- Encouraging to accept help.
- Helping with everyday tasks, such as laundry, mowing the lawn, food preparation, and housework.

When a crisis first occurs, a family may not be thinking clearly. Major decisions should be postponed until the crisis is under control. Time should be allowed to adjust to the situation, then actions can be taken to resolve the crisis and decisions can be made.

COMMUNICATION AND UNDERSTANDING

There are different methods of communication. If communication is good, it allows for understanding. The term ***communication*** means expressing ideas and feelings, exchanging information, and giving or receiving advice. ***Verbal communication*** is the expression of feelings or ideas through talking. ***Nonverbal communication*** is any type of communication other than words that expresses one's feelings and ideas. You have probably heard the expression "Actions speak louder than words." Sometimes it is hard to get people to open up and talk, but you might be able to sense how they feel through their actions.

Good communication does not solely depend on whether or not people will communicate with others; people also have to know how to let others communicate with them. Part of this involves knowing how to understand individuals. Communication and understanding is a two-way street, which enables people to better communicate and understand themselves and others. To achieve this, individuals must have the following characteristics:

- empathy
- sympathy
- respect
- listening skills

Just because a person has all of the above qualities does not mean that he or she will always understand the people he or she commu-

nicates with, but these qualities will help in understanding. ***Empathy*** is the ability to share in another's emotions, thoughts, or feelings by putting oneself in someone's position. ***Sympathy*** is a mutual understanding from feeling the same way someone else does. ***Respect*** means having consideration and concern for another individual. ***Listening*** means paying close attention to what is being said verbally and nonverbally. Sometimes this can be a hard task; therefore, good listening skills should be developed by everyone.

Listening skills are those techniques that allow people to be attentive and responsive to what others say. For a review of good listening skills refer to figure 3.1 in Chapter 3. When people really listen, they let others know they are concerned about what is being said and have really heard what was said. ***Poor listeners*** are those who hear what they want to hear and ignore the rest.

Communication in family units is so important because it keeps members in tune to one another and to what is going on within the family, and it strengthens family relationships. Communication is especially important in families containing members with special health needs because this can be a difficult and confusing time for each family member. Families with special health needs should concentrate on communicating and understanding each other. This will allow them to have a better understanding of each other's feelings, thoughts, strengths, and weaknesses in a crisis situation. If families do not strive to understand and communicate with each other, then members might begin to feel unimportant and confused about their role in the family.

FAMILY ROLES

Each member within a family plays a different role, such as financial provider, spouse, parent, child, brother, or sister. Individuals can play many roles within a family depending on their situation. A special health need might cause present roles to change and new roles to be fulfilled. For example, if one parent is severely injured in an accident, then more responsibility is shifted to the other parent. The majority of the parenting responsibilities is on the uninjured parent. This parent might also have to add the role of caregiver for the injured parent, while trying to fulfill other roles such as financial provider.

Adult's roles are not the only ones that change because of a special health need. Children's roles might also have to be adapted to meet the demands of the special health need. For example, in the situation previously mentioned, the children might have to do more chores around the house or they might become a partial caregiver to the injured parent. In some cases, older children might take on more responsibility in caring for younger children.

If a child is born with or develops a special health need, family roles are changed or altered to fit the need. One parent will probably become the primary caregiver for the child, and this might mean quitting a job or working out of the home to adapt for this role. If the primary caregiver parent quits his or her job, then the other parent has the new role of sole financial provider. Siblings roles might also change in the event of a special health need. They might have to do more around the house, or they might be assigned special tasks to help care for the child with the special health need. In some cases, siblings might feel as if their parents have excessively high aspirations for them, and this can put a heavy strain on siblings trying to fulfill this role.

A special health need can be confusing for siblings, and they may have questions for their parents. The age of a child will depend on how the questions are answered. However, the questions asked should be answered as honestly as possible. Parents should not try to hide anything from the siblings. Refer to table 17.1 for questions a sibling of a child with a special health need might ask. In addition to informing the sibling of the special health need, parents need to be sensitive to the fact that feelings such as being "left out" or pressure to achieve may be present in their children without special health needs. A good open line of communication between parents and children can help both of them understand their family roles and what each family member is feeling.

POSITIVE CONTRIBUTIONS

Family members who are elderly, disabled, or have other special health needs can make positive contributions to the family. Although being in a family with a special health need can be very difficult at times, the family can be drawn closer if it will use the condition as a tool, not a weapon. When families work together to change what they can and to accept what they cannot change, everyone benefits. For example, if a child is diagnosed with cystic fibrosis, the family should learn about the illness and what it can do to help instead of wishing the child did not have the illness and wanting the illness to go away.

A family should focus on the good things and learn to appreciate their situation. No matter how bad a situation is, one can think of something that could be worse. Also, families should begin to realize the important things in life, such as having one another, working together as a family, and the importance of the family unit.

Questions a Sibling of a child with a Special Health Need Might Ask

Concerns	Questions
Cause of the handicap	Why is my sibling handicapped? What caused the handicap? Whose fault is it?
Sibling's feelings	Is my sibling in pain? What does he or she think about? Does he or she know me?
Prognosis	Can my sibling ever be like me? Will he or she improve? Can treatment help?
How to Help	What am I supposed to do with my sibling? How can I interact with my sibling? Should I protect him or her?
Parents	What do my parents expect of me? Why are my parents so hard on me? Why do they let my sibling "get away" with so much? Why must they spend all of their time with my sibling?
Themselves	Why do I have such mixed feelings about my sibling? Am I jealous of the attention he or she receives? Is there something wrong with me?
Friends	How can I tell my friends that my sibling is "different?" What should I do when my frineds tease my sibling? Can my friends accept my sibling?

Source: Powell and Ogle (1985) *Brothers and Sisters—A Special Part of Unique Families.*

Table 17.1

Summary

- One adjustment to a special health need within a family unit includes overcoming the crisis of the situation.
- Techniques to handling crisis situations include organizing time and space, helping the family to work together, putting anger to work, keeping busy with a variety of activities, working out problems, and finding information that will help.
- Communication brings understanding.
- Good communication does not solely depend on whether persons will open up and communicate to others, but people also have to learn how to let others communicate with them.
- Families with special health needs should concentrate on communicating and understanding each other in order to have a better understanding of each others feelings, thoughts, strengths, and weaknesses.
- The roles of family members sometimes change due to a special health need.
- When siblings ask questions about an existing special health need, parents should answer questions as honestly as possible.
- Family members who are elderly, disabled, or have other special health needs, can make positive contributions to their family.

Vocabulary

crisis
communication
empathy
listening
listening skills
nonverbal communication
poor listeners
respect
sympathy
verbal communication

Review

1. What can cause a crisis within a family?
2. What are techniques and sources a family can rely on to handle a crisis?
3. How can one be of help to a family in a crisis?
4. What are the two major types of communication?
5. To become an effective communicator, what characteristics should a person have?
6. Identify four listening techniques to follow.
7. Why is communication important within a family unit?
8. Explain how family roles can change because of a special health need.
9. How should parents respond when their children ask questions about an existing special health need?
10. Identify three ways a special health need can be a positive contribution to a family.

Critical Thinking

Assume that your family is experiencing a crisis situation because of a special health need, whether it be a short-term or long-term condition. Examine how this will affect your family. What sources are available for your family? What are some ways your family can overcome and deal with this crisis? Remember to include ways for your family to effectively communicate and understand the other family members' feelings. Also, think of problems or shifts in role changes that might be present because of the circumstances. Make a detailed plan for your family in overcoming the crisis.

18

Physical Care for the Person with Special Health Needs

ESSENTIAL ELEMENT

- ❑ Describe coping/adjustment strategies for individuals and families of the elderly and handicapped.(m.4A)

OBJECTIVES

- ❑ Discuss patients' rights during hospitalization and the different types of hospitals.
- ❑ Explain health care procedures a caregiver might need to know in developing adjustment strategies.
- ❑ Identify tactics for coping with and preventing contamination.

Part of coping with and adjusting to a special health need involves knowing about hospitalization and how to perform some of the routine monitoring skills and comforting techniques needed by individuals with special health needs. These skills and techniques are usually performed by a nurse or therapist in the hospital, but a person might also need these tasks performed once he or she arrives home.

This chapter covers aspects of hospitalization and basic routine practices that are beneficial for every family with a special health needs member to know. The ability to perform some of these tasks will give each family member a sense of usefulness. Also, family members participating in the care of the member with the special health need will relieve each other from being the primary caregiver. In addition, interaction develops between the family and the member with the special health need.

HOSPITALIZATION

When patients are admitted to a hospital, they and their families should be aware of certain rights. The hospital patient has the right to the following:

- Care with consideration of feelings
- Complete and understandable information

about the diagnosis, treatment, and prognosis of the case
- All necessary information regarding consent to treatment
- Refusal of treatment
- Privacy respected and records kept confidential
- Refusal to participate in any proposed experimentation affecting treatment
- Reasonable continuity of care
- Explanation of bill

Although many hospitals seem similar, some may be more specialized in particular areas, and often ownership in hospitals is very different. There are three main types of hospitals:
- Private
- Public
- Veterans

Private Hospitals

Private hospitals are owned by a particular group of people or some type of organization. There are two types of private hospitals: profit and nonprofit. ***Private profit hospitals*** are owned by a group of people, such as a group of doctors, and are operated like businesses to make a profit for the owners. Sometimes corporations own a chain of hospitals of a particular type, such as a psychiatric hospital.

Private nonprofit hospitals are owned by organizations, such as charitable or religious groups and are operated without the intent of making a profit at the end of the year. The term ***nonprofit*** means that any money made during the year cannot be shown as profit at the end of the year; it must be reinvested into the hospital through expansion (the building of new centers) or for new equipment. This type of hospital receives some of its funding from donations made by individuals or other organizations, charitable groups, or religious organizations.

Public Hospitals

Public hospitals, which are sometimes referred to as county hospitals, receive funding from federal, state, county, or local governments and are responsible for treating indigent patients in addition to others. The term ***indigent*** refers to persons who cannot afford health services, including health insurance, and the services they do receive are at a reduced rate based on their income. Since public hospitals receive government funding, they are considered nonprofit.

Veterans Hospital

Veterans hospitals are owned by the government to service veterans who qualify. Veterans who qualify are those who received disabilities while in the service and those who are indigent. Veterans with disabilities must go through a claims process in which their percentage of disability is determined. If a veteran is more than 50 percent disabled then all of his or her medical expenses are paid for except for dental and eyewear. Otherwise, when veterans with service disabilities comes into a veterans hospital to be treated, they are treated only for the service disability. Indigent veterans are treated on availability of services. If a veteran comes into a veterans hospital to be treated but does not have a service disability or is not considered indigent, he or she will not be treated. Another qualifying factor for service from a veterans hospital is that the veteran must have left the service in honorable standing.

MONITORING TEMPERATURE

Every family should own a fever thermometer, and each member should know how to use it. If a family has a member with a special health need whose temperature has to be taken often, the family should develop a system for keeping a temperature record. The date, time of day, and the temperature need to be recorded. Refer to table 18.1 for temperature facts. Three

Temperature Facts

T he body temperature varies from 97°F to 99°F and normal is considered to be 98.6° F.

E motions, water intake, weather, food, and clothes can affect body temperature.

M easurement of body temperature can be by mouth, rectum, or axilla (underarm) or ear.

P ersons with fever should be kept quiet and comfortable.

E arly evening is the time when body temperature will be highest, and about 4:00 a.m. is when it will be lowest.

R ises in temperature can be gradual or sudden.

A ccuracy in measuring body temperature is important.

T hermometers are used to measure body temperature.

U se careful and sanitary procedures when cleaning thermometers.

R apid drops in temperature might cause shock.

E vaporation of body fluids can cool the body and cause a drop in temperature.

F evers can be low grade (100° F) or high grade (103°-105° F or above)

A lways consider body temperature and respiration together because of the relationship to each other.

C ommon cause of a change in temperature is the body's defense against infection and poisons.

T reatment for a fever centers around the cause, not the fever.

S ubnormal temperature is below 98.6° F.

Figure 18.1

types of thermometers are the mercury thermometer, the digital thermometer, and the digital ear thermometer.

Mercury Thermometer

There are two types of mercury thermometers—oral and rectal. Before using the thermometer, it should be taken down to 95°F. If the thermometer is an oral thermometer, it should be placed under the tongue or under the armpit. Lubricating jelly or petroleum jelly should be used on a rectal thermometer to protect against breakage. The thermometer should be left in place for three to five minutes, unless temperature is being monitored under the armpit, then the thermometer should be left in place for ten minutes.

To read a thermometer, it should be held at eye level without touching the bulb end and rotated until the band of mercury can clearly be seen. Temperature markings should be observed at the point where the mercury stops. Short markings represent an increase of two tenths of one degree (0.2°). Longer markings represent an increase of one degree. If the mercury band ends at one of the short lines, look to see which long line is to the left. This will tell you the degree of temperature.

After each use, the thermometer should be washed in cool, soapy water, rinsed, and should be stored in an alcohol solution for sanitation. Cleaning a thermometer in warm or hot water should be avoided because the accuracy of the thermometer can be affected. Oral and rectal thermometers should be stored in separate locations.

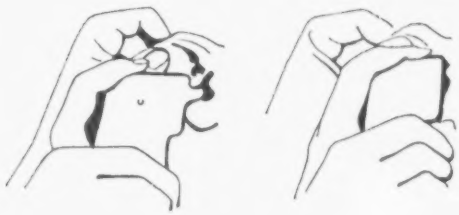
Digital Thermometer

Digital thermometers are becoming more popular for families to use. There are several advantages of a digital thermometer compared to a mercury thermometer. A digital thermometer takes a person's temperature in about one minute, and the digital reading of the temperature appears in a display window, which makes it easy to read. Mercury thermometers are made of glass; therefore, digital thermometers are safer because they have no glass that can break.

Most digital thermometers have plastic coverings that should be put on the part that goes into the mouth. The thermometer should be placed under the tongue and a beeper will signal when the temperature reading is ready.

Digital Ear Thermometer

A new method of taking temperature is through the ear with a digital ear thermometer. This method provides a very accurate reading of true body temperature because the eardrum is close to the temperature control center of the brain. This method is done by placing the ear thermometer into the ear canal until the canal is fully sealed and pressing the activation button on the thermometer. Within a few seconds a digital reading will appear in the display window. One disadvantage of this type of thermometer is that it costs between one hundred and two hundred dollars, but is available for purchase by the general public.



MONITORING PULSE RHYTHMS AND RATES

The term ***pulse*** refers to the rhythmical beating of the heart. ***Pulse rate*** refers to how many times per minute the heart beats. A person's pulse varies in relation to the time of day, previous activities, physical condition, weight, and age.

A pulse can be monitored in several places on the body, such as the sides of the neck, the lower jawbone, the wrist, in front of the ear, and near the groin. To monitor the pulse at the wrist, do the following:

1. Place your right forefinger between the tendons and wrist bone of the left arm so to you can feel the pulse of the arteries.
2. Count the pulse beats for 30 seconds. Multiply the number of beats by two to get the number of beats per minute, or the pulse rate.

As mentioned earlier, the age and health of a person affects his or her pulse rate. The pulse rate for a healthy adult is between 50 and 85 beats per minute. The average pulse rate for a man is 72, and the average pulse rate for a woman is 76 to 80 beats per minute. Children's pulse rates are higher with a newborn's being as high as 140 beats per minute and an average seven-year old's 90 beats per minute. The pulse rate for the elderly is slower with the normal range being 50 to 65 beats per minute.

MONITORING RESPIRATION

It is best to count an individual's respirations after monitoring the pulse rate. An individual should not know that you are watching his or her breathing because this knowledge may cause the individual to breathe unnaturally. The rise and fall of the chest or upper abdomen is considered one ***respiration***. To monitor the respiratory rate of a person do the following:

1. Hold the individual's wrist as if you are monitoring the pulse.
2. Count the number of respirations for fifteen seconds and multiply by four. This is the respiration rate.

Average Respiratory Rates

Age Group	Respirations Per Minute
Elderly	14-18
Adults	16-20
Adolescents	20-22
Three-year olds	20-26
Two-year olds	20-26
One-year olds	26-30
Infants	40-60

Table 18.2

In recording a person's ***respiratory rate***, note whether the respirations are shallow, deep, rapid, slow, painful, easy, labored, yawning, sighing, or noisy. This notation will be helpful to a doctor. Refer to table 18.2 for the average respiratory rates of individuals.

MONITORING BLOOD PRESSURE

Blood pressure is the pressure exerted by blood against the walls of the heart. ***Systolic pressure*** is pressure at which the flow of blood resumes representing the blood pressure when the heart is contracting. ***Diastolic pressure*** is recorded when the heart is relaxing or as the air is let released from the cuff. In a blood pressure reading, the top number is the systolic pressure and the bottom number is the diastolic pressure. An ideal blood pressure reading is 120/80. Although there is no set agreement as to what high blood pressure is, most experts agree that high is readings of 140/85-90 or higher.

Usually, to check a person's blood pressure a cuff or wide rubber band that can be filled with air, is wrapped around the arm and a

stethoscope is placed over the arteries of the arm just below the cuff. Air is pumped into the cuff, which causes the flow of blood to stop. Air is slowly let out of the cuff and the blood flow returns. The blood pressure can be read on the gauge of the mercury tube or instrument scale depending on the type of instrument used. Today, in most cases, equipment is used where the reading is automatically transmitted instead of a person having to take the reading.

ADMINISTERING MEDICATIONS

It is important to know how to take and administer medication for the safety of the recipients. A doctor must know about all medications that a patient is taking in order to safely prescribe other medications. Certain medication does not need to be mixed with other medications because it can cause a reaction. Also, anytime a person is taking prescribed medication he or she should consult a doctor before taking any over-the-counter drugs. Refer to figure 18.3 for do's and don'ts on administering medication in the home to family members.

MAKING BEDS

A person who is bedridden due to an illness should be in a properly made bed. A clean and tidy bed can help a person feel better and more comfortable. To properly make a bed, the once-around method should be used. The ***once-around method*** for making beds decreases the number of times the person making the bed must travel around the bed. The once-around method for making beds is as follows:

1. Place the bottom sheet on the bed. The sheet should be open with the fold in the middle of the bed.
2. Tuck the bottom sheet under at the head of the bed and along the left side making square corners.
3. Place the top sheet wrong side up on the bed. Leave extra length at the head of the bed.
4. Place the blanket on the bed. The blanket should be approximately six inches from the head of the bed.
5. Fold the top sheet down over the blanket.
6. Tuck the top sheet and the blanket in along the left side of the bed.
7. Tuck the top sheet and the blanket in at the left foot of the bed making a square corner.
8. Tuck the bottom sheet under along the right side of the bed making square corners.
9. Tuck the top sheet and the blanket in at the right foot of the bed making a square corner
10. Tuck the top sheet and the blanket in along the right side of the bed.
11. Place the bedspread on the bed. Overhang should be the same amount on the foot and each side of the bed.
12. Change the pillowcases.
13. Place pillows on the bed.

At times a person cannot be removed from his or her bed and the bed must be changed while occupied. To do this move the patient onto his or her side on the right side of the bed and then follow the steps of the once-around method. When one side of the bed is complete, move the patient to the other side of the bed, then complete the bed. After the bed has been made move the patient to the center of the bed and help get him or her under the covers.

PERSONAL HYGIENE

It is very important for an ill person to have personal hygiene. Sometimes it is a caregivers responsibility to provide for the person's hygiene because the person is unable to do it himself or herself. Some of the things a caregiver might be responsible for are bathing, hair care, shaving, and nail care. When a person is sick it can be refreshing to have a bath, fresh clean bed clothing, and his or her hair clean and brushed. These things may not make the ill

✔DO's and ✘Don'ts for Medications

✔DO

- Understand the doctor's orders clearly.
- Read the label on the container thoroughly.
- Give medication on time.
- Give medication in the proper dosage.
- Ask the doctor if a generic drug can be prescribed. Generic drugs are less expensive than brand name drugs.
- Be careful in mixing foods and drugs. Ask a doctor or pharmacist for a list of foods and liquids that do not mix with the drug.
- Know what precautions to take with specific drugs (such as stay out of sun, take with liquid, take on empty stomach, avoid alcohol, and take with food).
- Keep a record of medications given by recording the time and amount administered.

✘DON'T

- Give medication to any person other than the person for whom it is prescribed
- Give medication if you are not sure about the drug, the dosage, or how to give it.
- Mix medications without consulting the doctor or pharmacist. If more than one doctor is being used, each doctor should be made aware of all medications prescribed.
- Fail to report unexpected side effects to the doctor while taking medication.

Figure 18.3

person physically feel better, but it can make the ill person mentally feel better.

GIVING BACK RUBS

Back rubs benefit a person through stimulation of circulation, the relaxation of tense muscles, and conditioning of the skin with lotions. It is important to use lotion on dry skin to avoid irritation of the skin and to moisturize it. Lotion should be warmed by placing it in the hands and rubbing the hands together before applying it to the back. A caregiver giving the back rub should be in a comfortable position to avoid strain. Refer to table 18.4 for steps on how to give a back rub.

How to Give a Back rub

- Apply lotion while moving hands in the direction of the arrows.

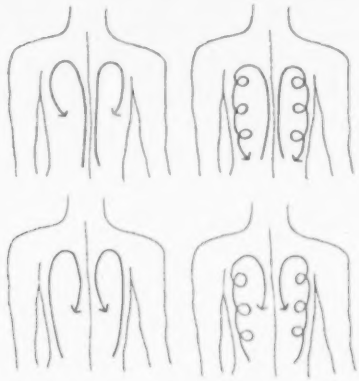


Figure 18.4

BEDSORES AND PRESSURE SORES

Bedsores, or pressure sores, are sores that develop at places where pressure is exerted on bony bulges or other areas of the body. Bedsores can be caused by lying in one position too long and pressure exerted on the skin due to casts, splints, or other bandages. Places to check for signs of bedsores are the knees, heels, ankles, toes, spine, shoulder blades, elbows, ears, and breasts. Places to look on obese patients include areas where body parts rub together, such as under the breasts, between folds of the buttocks, and where the thighs rub together. These pressure points are covered by only a thin layer of skin and have poor circulation caused by the extended pressure from body weight. Refer to figure 18.5 for guidelines to help prevent bedsores.

EXERCISES

It is important for people who are ill to exercise. If possible, it is good for them to get up and walk around. If they cannot get up and walk around, then they should be exercised by the caregiver. It is especially important for these people to have their feet exercised because this lessens the chance of infection and aids in circulation. Foot exercises that can be used include the following:

- From a sitting position, holding both legs out, flexing, and pointing the feet (ten times)
- Raising and lowering the arch [(making a bridge) ten times]
- Flexing the ankles by making a circle in the air with the toes (ten times with each foot)
- Keeping toes on the floor, raising and lowering the heels (twenty times)

Other exercises may be taught to a caregiver from a physical therapist that focus on other parts of the body. Routine exercise prevents shortening or distortion of muscular tissue due to spasms or scars and prevents paralysis of a muscle that acts in opposition to a contracting muscle.

TRANSFERRING A PERSON

Sometimes an ill, elderly, or disabled person needs help sitting from a lying position, standing, or sitting from a standing position.

Guidelines To Help Prevent Bedsores

- ☞ Roll the person over every two hours.
- ☞ Prevent sheet burns by turning the person slowly.
- ☞ Be careful using bedpans. Padding the bedpans can reduce pressure. Sprinkling the rim with powder will minimize friction.
- ☞ Keep the person clean and dry.
- ☞ If signs of a bedsore are developing (warm areas of skin, redness, tenderness, discomfort, or a burning feeling on the skin), gently rub the area with skin lotion every two hours. Be careful. Too much rubbing can cause skin breakage.
- ☞ Use powder or cornstarch where skin surfaces form creases. Use cornstarch on the sheets to reduce friction as the person moves. (Be sure to clean sheets often.)
- ☞ Keep linen dry and free of wrinkles.
- ☞ Remove any hard objects from the bed including crumbs, hair, pins, and other small objects.
- ☞ Change bed immediately when it becomes wet.
- ☞ Be sure plastic never touches the person's skin.
- ☞ Use special equipment, such as air cushions, foam rubber cushions, sheepskins, pillows, pads, air mattresses, alternating pressure mattresses, and floatation pads to reduce skin pressure.

Figure 18.5

Caregivers should know techniques that will allow them to safely help with these matters. Refer to figure 18.6 for information on how to transfer a person to these positions.

CONTAMINATION

Communicable diseases are a major concern in health care facilities, as well as on a one-to-one basis. ***Communicable diseases*** are illnesses that can be easily passed from one person to another. Some examples of communicable diseases include a cold, the flu, and the stomach virus. Preventing cross-infection from patients to caregivers, caregivers to employees, patients or caregivers to visitors, and family member to family member is an ongoing process.

All blood and body fluids from any individual are considered infectious. A person should always practice thorough and frequent hand washing. If hand washing facilities are not available, individuals should rinse their hands with alcohol. Preventing and protecting open wounds is important. Latex gloves should be worn whenever there is contact or potential contact with blood, body fluids, or other potentially infectious materials.

Transferring a Patient

Helping the Person Sit from a Lying Position

- ✓ Wash your hands.
- ✓ Tell the person what will be done.
- ✓ Roll the person on his or her side, facing you.
- ✓ Bend the person's knees and place one of your arms behind the person's knees.
- ✓ Place your other arm under the person's neck and shoulder area.
- ✓ Position your feet apart for support and lean your body toward the person.
- ✓ Shift your weight to your back leg while you swing the person's legs over the edge of the bed and pull the person's shoulders up to a sitting position.

NOTE: If using a hospital-type bed, you can raise the head of the bed to assist the person in sitting up. Follow the procedure from that position. Pivot the person to a sitting positin on the side of the bed by using one arm behind the person's knees and the other arm under the person's shoulders and arm.

Helping the Person Stand

- ✓ Help only when necessary.
- ✓ Tell the person to move to the edge of the bed. Put your hands on the bed at each side of the person.

Figure 18.6

- ✓ Place one of your knees between the person's knees. (Your feet should be in good position and close to the bed.)
- ✓ Bend your knees and lean onto your forward foot to place your arm (the arm on the same side of the forward foot) around the person's waist.
- ✓ Place your hand around the other side of the person's waist.
- ✓ Tell the person to push down with his or her arms and then lean forward and stand up on the count of three.
- ✓ Hold the person closely.
- ✓ Rock your weight to your back foot as the person pushes, leans forward, and stands.
- ✓ Have a chair close by the bed to pivot the person.

Helping the Person Sit from a Standing Postion

- ✓ Position your arms around the person's waist and your knee between the person's knees.
- ✓ Have the person feel the chair with the back of his or her legs.
- ✓ Have the person reach back for the arms of the chair.
- ✓ Lean forward onto your front leg as the person sits down.

Figure 18.6 continued

Summary

- Patients should be aware of their hospital rights.
- The three main types of hospitals are private, public, and veterans.
- There are two types of private hospitals — profit and nonprofit.
- Qualifying veterans are those who received a disability while in the service or those who are indigent.
- Date, time of day, and the temperature need to be recorded after a temperature reading.
- Pulse rate can be monitored in several places on the body, such as the sides of the neck, the lower jawbone, the wrist, in front of the ear, and near the groin.
- It is best to count the individual's respirations after monitoring the pulse rate, and the individual should not be aware that his or her respirations are being monitored. This knowledge might cause the individual to breathe unnaturally.
- It is important to know how to take and administer medications for the safety of the recipients.
- Being in a clean and tidy bed can help an ill person feel better and more comfortable.
- Some of the matters caregivers might be responsible for concerning hygiene are bathing, hair care, shaving, and nail care.
- Back rubs benefit through stimulation of circulation, the relaxation of tense muscles, and the conditioning of the skin with lotions.
- Places to check for signs of bedsores are the knees, heels, ankles, toes, spine, shoulder blades, elbows, ears, and breasts.
- It is important for patients to get exercise, especially in their feet because this lessens the chance of infection and aids in circulation.
- Preventing cross-infection from patients to caregivers, caregivers to employees, and patients or caregivers to visitors is an ongoing process.

Vocabulary

bedsores
blood pressure
communicable diseases
diastolic pressure
indigent
nonprofit
once-around method
private hospital
private nonprofit hospital
private profit hospital
public hospital
pulse
pulse rate
respiration
respiration rate
systolic pressure
veterans hospital

Review

1. What rights does a patient have in a hospital?
2. In a home care situation, how does one keep track of a person's temperature?
3. What length of time should each type of thermometer be left in place?
4. What factors influence the pulse rate?
5. How do respiration rates differ for men, women, children, and infants?
6. How is a person's blood pressure checked?
7. Why is it important to know how to take and administer medications?
8. Why is it important that a person's bed be changed and made properly?
9. What are some of the physical or mental benefits of good hygiene for a person who is ill or disabled?
10. Why are back rubs important?
11. What can be done to prevent bedsores?
12. Why is it important for a disabled or ill person to exercise?
13. Why should a caregiver be aware of his or her own posture and stance when transferring a person?
14. What steps should be taken to prevent the spread of communicable diseases?

Critical Thinking

Assume that a member of your family has been diagnosed with a disease. Because of the disease, make a list of the physical needs the person is going to have at home, such as monitoring temperature. Where can family members be provided with training for these skills, and which family members will do what or will there be an alternating schedule. Also, what family adjustments will have to be made if the person is hospitalized? Is the person ill going to be a parent, or will a parent be at the hospital with the ill member? Use your critical thinking skills to develop an effective plan covering all aspects of this situation.

19

Terminal Illness and Death

ESSENTIAL ELEMENT

- ❑ Describe coping/adjustment strategies for individuals and families of the elderly and handicapped.(m.4A)

OBJECTIVES

- ❑ Identify the psychological and emotional needs of terminally ill people and their family.
- ❑ List positive ways of family interaction when dealing with a terminal illness.
- ❑ Receive information about hospice care.
- ❑ Explain the stages of grief that most terminally ill individuals experience.
- ❑ Discuss the stages of grief and other processes that most family members and friends experience after the death of a loved one.

Some cases of special health needs are diagnosed as terminal illnesses, and a time limit is usually placed on the life of the ill person. A ***terminal illness*** is an illness that results in death. After a terminal illness has been diagnosed, a family is faced with new emotions and feelings to overcome. Also, there is usually a time in the illness when a family and the member with the illness must begin to deal with the inevitable fact of death. This can be very difficult for a family to accept.

PSYCHOLOGICAL AND EMOTIONAL NEEDS

There are psychological and emotional needs that must be fulfilled in order to cope with a terminal illness of a family member.

Both the family and the terminally ill have psychological and emotional needs to meet.

Terminally ill people have the same emotional needs as healthy individuals. The terminally ill need a sense of safety, security, and knowledge that they will be cared for up until the moment of death. Some form of recreation is needed to pass time, such as watching television, reading, playing cards, or talking to loved ones. Talking with friends and family on a meaningful level makes the terminally ill feel their relationships are still significant. Above all, they need to feel that they are loved and/or are the object of somebody's love.

Family members of the terminally ill also have several needs during this time. In some situations, the needs of the family may be even greater than the needs of the terminally ill. If the ill individual is in a hospital, the family should be allowed privacy. The family should spend as much time with the terminally ill individual as possible. It is important for family members to provide support and encouragement to each other. The family's concerns and questions should be answered honestly by doctors or other medical members involved. Friends and extended family members must maintain a concerned attitude toward the terminally ill individual and his or her family members, but this should not be dwelled upon during conversations.

A terminal illness can be a very emotional and exhausting time for a family. Communication must stay open between all members of the family.

FAMILY INTERACTION

As discussed in Chapter 17, all family members should be informed as honestly as possible about the situation. Once again this depends on the age of siblings and of the person with the terminal illness. Reactions may include the following from a person with a terminal illness or younger siblings:

- Asking everybody about chances for recovery
- Asking a lot of questions
- Constantly complaining
- Making requests that seem unreasonable
- Wanting attention
- Fear of being alone

When talking to people with a terminal illness the following guidelines should be used:

- Be honest about the fact that you do not know the answer to some questions.
- Sometimes give a caring look, a nod, or a word of encouragement rather than constant conversation.
- Do not provide false hope or reassurance. Instead, offer short-term realistic goals or say nothing to the terminally ill individual.
- Do not destroy hope. An individual that has hope often lives longer than a person who does not.

All family members should love and support one another during each step of the illness. What is said and what is done is important. Family members need to be sensitive of the ill individual's feelings, needs, and desire for control over his or her life choices. They should never be too busy to smile, talk, hold a hand, or even cry with the individual. Privacy, quiet surroundings, and personal consideration are important. At times, the ill person might need and desire to be alone. The following guidelines will aid in interacting with a terminally ill family member:

- Help terminally ill individuals maintain self-esteem by encouraging self-help.
- Respect the ill person as an individual who has the same desires and needs as others.
- Support the ill family member with love and kindness.
- Encourage the individual to use remaining abilities.
- Avoid showing impatience when the ill individual is slow in doing something.
- Avoid being insensitive and unsympathetic to the suffering of the ill individual.
- Avoid being overprotective of the ill individual.
- Be flexible and creative in managing the care schedule of the ill family member.
- Be firm with the ill individual when it is necessary.

HOSPICE CARE

The term ***hospice*** refers to a concept of care for the terminally ill and their family members with a focus on preventive pain management and symptom control. Hospice care usually provides for individuals to remain in their own homes, which is a comfort to them. Hospice tries to meet not only the medical needs of the ill person but also the emotional, social, and spiritual needs. It also helps the entire family meet their needs in adjusting to the circumstances.

One big advantage of hospice is that it is directly involved in the care and decision making concerning the ill individual. Its main concentration is care and relief of pain as much as possible, not on trying to cure the illness.

Generally, members of the hospice team include a coordinator or director, physicians, nurses, a psychiatrist, a psychologist, clergy, a social worker, a dietitian, a pharmacist, therapists, and volunteers. A family can call on a hospice member anytime — twenty-four hours a day, seven days a week for help.

STAGES OF GRIEF

From the time a person learns that he or she is suffering from a terminal illness until death, the individual usually goes through five stages of grief. Family members may also experience some of these stages. It is important for family members to understand and to be aware of these feelings that can arise. Refer to table 19.1 for the five stages of grief, the purpose of each, and the characteristics of each stage.

DEATH

Although with a terminal illness family members know what is ultimately going to

Stages of Grief Experienced by A Terminally Ill Person

Stages	Purpose	Characteristics
DENIAL	Functions as a cushion to the blow of the news that the person is terminally ill; serves as a time delay so the person has time to think about his or her situation and substitute other less extreme behaviors or defenses	Temporary shock; person strongly denies the reality of his or her illness; often wants to be alone; does not anyone to help him or her do anything
ANGER	Functions as an emotional outburst for the person to cope with emotional stress; allows venting of tension and helps alleviate stress (similar to a child's temper tantrum or an adult's strenous exercise)	Rage, hostility, and anger directed at anyone; person asks what he or she has done to deserve such an illness
BARGAINING	Allows hope that the inevitable end may be delayed; helps to give the person hope and will power; usually a bargain made with higher being	The bargain is kept a secret and is mentioned only between the lines in conversation with others; may be discussed only with a chaplain or other clergy
DEPRESSION	Helps to cope with the losses the person has had to deal with or will have to deal with; elicits needed sympathy; a step in the direction of total acceptance	Talks about loss of job, finances, use of limbs, weight, or other physical functions; talks about the eventual loss of the family, friends, and belongings; begins to accept the inevitability of death
ACCEPTANCE	Helps person accept the death as real; resolves conflict between wanting to live and knowing that death is at hand; preparation stage for death; other stages have been resolved if the person has had enough time and has been given help in working through them	Usually tired and weak; void of feelings; circle of interest narrows; no longer talkative to visitors and other people; not necessarily happy, but at peace

Table 19.1

happen, death is still difficult to encounter. The legal definition for ***death*** is the permanent ending of all life in a person.

Grief is sorrow, regret, or keen distress that follows a loss, such as death. Family and friends usually experience several stages of grief after the death of a loved one. Some of the stages are very similar to the stages of grief experienced by terminally ill individuals. The stages of grief as set forth by Granger Westberg in his book entitled *Good Grief* are listed below:

1. **Shock/disbelief** — might last a few hours or days. This is a temporary retreat from what has happened. It has a mercifully numbing effect.
2. **Emotional release** — usually includes crying, sometimes hysterical crying.
3. **Depression/loneliness** — gives a sense of alienation, maybe even from God.
4. **Symptoms of physical distress** — A sense of drained strength and the muscular system might seem weak. Digestive problems might arise; therefore, the body becoming more prone to infections and illnesses. Changes in the cardiovascular system may result in high blood pressure, rapid heart beat, and changes in body temperature.
5. **Panic** — feelings that it could not have happened. Cannot think of what to do, has disbelief again.
6. **Guilt feelings** — characterized by wishful thinking and regret about what was or was not done, expressed in terms of anger toward others.
7. **Hostility and resentment** — directed toward hospitals and doctors who were involved with the deceased, or against friends who have not so acutely experienced the loss.
8. **Inability to return to usual activities** — everything seems difficult and impossible. The grieving person wonders if life is worth it.
9. **Reconciliation** — a very positive step. The grieving person begins to adjust and adapt.
10. **Struggle to adjust to reality** — acknowledges that death has occurred, but that the grieving person is still living. Seeks substitutions, not as a replacement in the sense that deceased never existed, but rather in an effort to develop new relationships. Does not mean that bereaved person becomes " same old self."

A person may be involved simultaneously in more than one stage. Grieving is not necessarily an orderly process. Probably not everybody goes through all of the stages; however, in general, experiencing most stages is necessary for complete adjustment.

Other behaviors that will probably be felt are mourning and bereavement. ***Mourning*** is overt behavior that expresses grief. ***Bereavement*** is being left in a deprived state, especially by death. Survivors may also suffer from what is known as ***survivors syndrome,*** which is feeling that the survivor should have been the one to die.

Friends and relatives can ease the bereavement period by knowing what to do and what to say. Refer to figure 19.2 for a list of suggestions.

Many people have heard the following myths about bereavement:

- Bereavement is a short process.
- Grief should be private and not shared with anyone.
- Crying is a sign of weakness, and self-control is a sign of strength.
- A person who is mourning should never feel sorry for himself or herself.
- Everything will turn out all right in time.
- Grief is the same experience for everyone.
- Talking about grief will make it worse.

What to Say and Do

Possible things to say

- Express your sympathy simply and sincerely.
- Use simple phrases such as the following:
  "It must be hard for you . . ."
  "I am sure this is a difficult time for you . . ."
  "Do you need . . .?"
  "Would it be helpful if I . . .?"

Possible things to do

- ✓ Go to the grocery store for the bereaved person.
- ✓ Wash dishes or clean house.
- ✓ Bring over a meal or a baked item.
- ✓ Take the bereaved person out to dinner.
- ✓ Help sort belongings of the deceased.
- ✓ Mow the grass or shovel the snow.
- ✓ Stay at the house during the funeral or provide child care for the children attending the funeral.
- ✓ Listen to the person.
- ✓ Be accessible when the person needs you.
- ✓ Show care and compassion to the grieving person.
- ✓ Include the bereaved person in holiday plans for your family.

Figure 19.2

None of these are true, and friends and relatives should be sensitive to the needs of the bereaved. In addition to suffering the loss of a loved one, family members have several matters to consider, such as funeral arrangements, probating the will, changing names on bank accounts and loans, filing insurance claims, and arranging for disposition of personal possessions. All of these things do not have to be taken care of immediately, but there is much to be done in addition to the emotional adjustment.

FAMILY RECOVERY

Usually, when a family member is diagnosed with a terminal illness, it begins a very long road for the whole family. However, when the terminally ill person dies, it does not mean that the journey has ended. There will be many memories to work through, and when the family is exposed to something associated with that person, the grief can continue or arise again. A family still has to recover from what it endured during the illness and the loss is has suffered. Family members must get their lives adjusted without the ill family member and begin taking steps to put their lives back together. This process takes time, and once again, family communication is imperative. A family might need counseling to help get through this adjustment.

Summary

- A terminally ill person has the same emotional needs as a healthy individual.
- Reactions from a person with a terminal illness or younger siblings might include, asking a lot of questions, making unreasonable requests, wanting attention, or being afraid to be alone.
- When talking to a person with a terminal illness one should be honest, not talk too much, not provide false hope or reassurance, and not destroy hope.
- Family members of the terminally ill should never be too busy to smile, talk, hold a hand, or even cry with the person.
- Hospice tries to meet not only the medical needs of an ill person but also the emotional, social, and spiritual needs.
- From the time a person learns that he or she is suffering from a terminal illness until death, the individual goes through five stages of grief: denial and isolation, anger, bargaining, depression, and acceptance.
- Family and friends usually experience several stages of grief after the death of a loved one. Some of the stages are very similar to the stages of grief experienced by terminally ill individuals.
- In addition to the stages of grief, survivors experience mourning, bereavement, and survivors syndrome.
- Friends and relatives can ease the bereavement period by knowing what to do and what to say.
- When a terminally ill person dies the family still has to recover from what it has been through during the illness and the loss it has suffered.

Vocabulary

bereavement
death
grief
hospice
mourning
survivors syndrome
terminal illness

Review

1. How does a terminally ill diagnosis affect the ill person and his or her family?
2. What are some of the emotional needs of a terminally ill person?
3. What guidelines should be used when talking with a person who is terminally ill?
4. List five guidelines that will aid in interacting with a terminally ill family member.
5. Explain the advantages of hospice care.
6. List the five stages of grief terminally ill people go through and the characteristics of each step.
7. What are the stages of grief most family and friends go through after the death of a loved one?
8. What can friends and relatives do to ease the bereavement period?
9. Other than emotional adjustment, what tasks must a family face after the death of a terminally ill member?
10. How can a family begin recovering after the death of the terminally ill family member?

Critical Thinking

Imagine that a family member has been diagnosed as having a terminal illness. The doctor projects that the patient has about one year to live. What psychological or emotional needs must be fulfilled in order to better cope with the terminal illness? How can you and your family help the ill family member to learn to live with prolonged, unpleasant treatments and to keep her or his self-esteem? What organizations are located in the community that might be able to help in this situation? Is hospice care a possibility? After the terminally ill member dies what must you and your family do then? What legal records need to be changed? What measures should you and your family take to put your lives in order?

20

Needs of Emotional, Intellectual, and/or Physical Impairments

ESSENTIAL ELEMENT

- ❑ Discuss nutrition, clothing, housing, and health needs caused by emotional, intellectual, and/or physical impairments.(m.4B)

OBJECTIVES

- ❑ Explain daily nutritional requirements.
- ❑ Identify special diets that people with special health needs might be required to follow.
- ❑ Propose clothing adaptations for people with special needs.
- ❑ Describe housing adaptations that might have to be made due to special health needs.
- ❑ Analyze transportation needs of a person with a special health need.
- ❑ Compare short-term health care to long-term health care.
- ❑ Review alternative home health care options.

An emotional, intellectual, and/or physical impairment(s) can affect one's nutrition, clothing, housing, and health needs. These changes in needs not only affect the individual having the impairment, but also his or her family. Families of individuals with impairments must also learn to meet and adapt to the special needs.

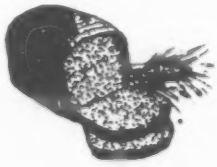
NUTRITIONAL NEEDS

People should develop good nutrition habits whether they have an impairment or not. Sometimes an illness or factors in one's life, such as aging, can change the nutritional needs of a person.

Whenever one is preparing food for another, especially for someone who is ill or on a special diet, the food should look attractive and appetizing. As discussed in Chapter 12, food should be attractively combined by color, with a variety of colors being used at each meal. If needed, colorful garnish, such as carrot curls or orange slices, can be added. If preparing a tray for someone who is ill, a colored napkin that has been well-folded or a vase of silk or fresh flowers can be placed on the tray.

Daily Food Requirements

A balanced diet that incorporates appropriate amounts of the basic food groups is necessary for adequate nutrition. Refer to the Food Guide Pyramid in table 20.1 for a list of the basic food groups and how many servings are suggested for each group. Refer to table 20.2, A Pattern for Daily Food Choices, for examples of serving sizes and daily food choices from each of the food groups.



Special Diets

Sometimes a person with a special health need requires a special diet. A special diet should be prescribed only by a doctor or another medical professional. The following list includes different types of diets:

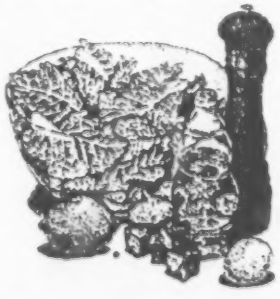
- liquid diet
- soft diet
- bland diet
- diabetic diet
- fat restricted diet
- sodium restricted diet
- calorie-restricted diet

Liquid Diet. A ***liquid diet*** is restricted to foods that are liquid or only semi-solid, such as soups or custards. This type of diet might be prescribed for an individual who has been involved in an accident and has his or her jaw wired shut.

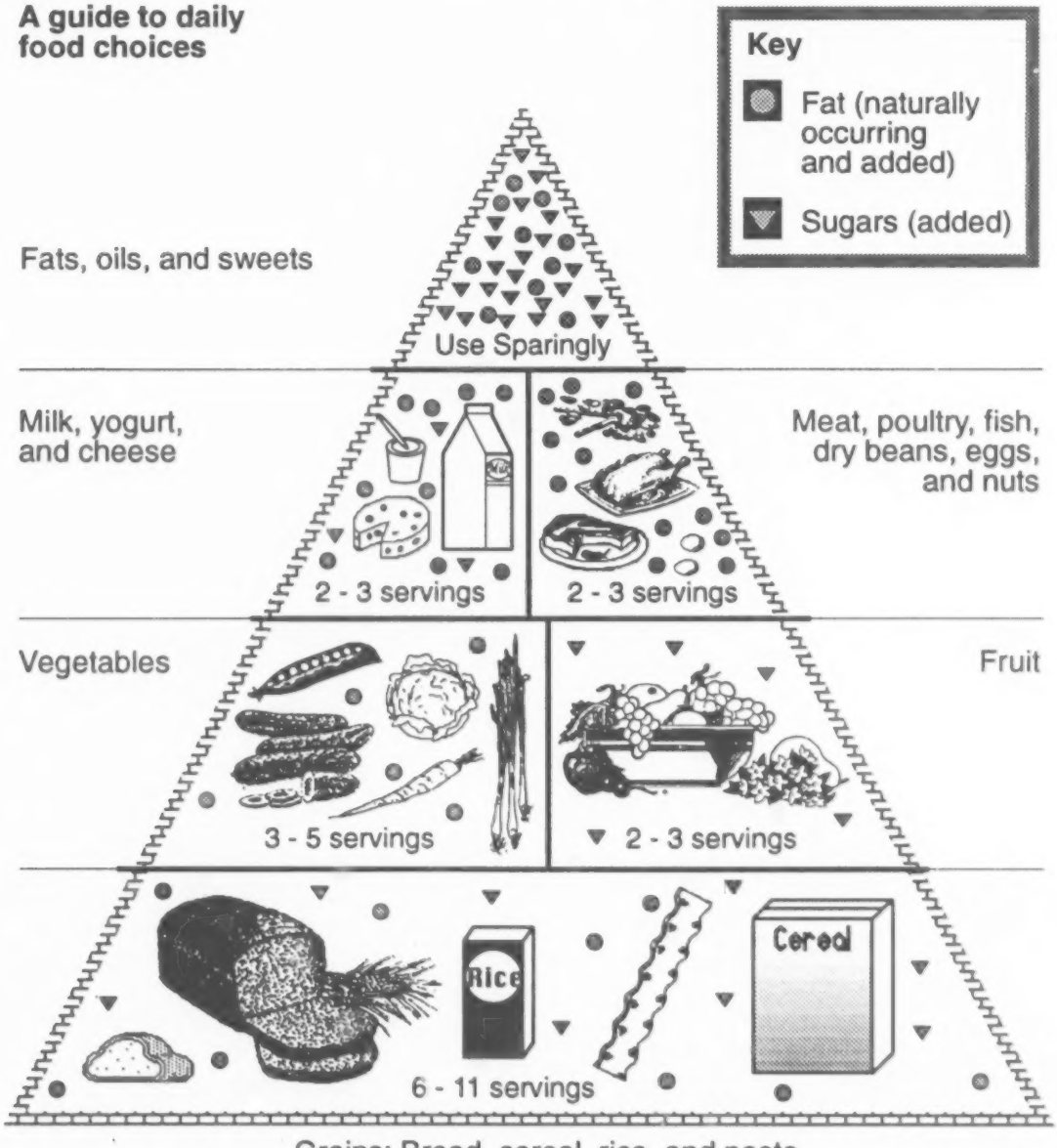
Soft Diet. A ***soft diet*** is one that consists of foods that are easy to chew, swallow, and digest. Sometimes people require a soft diet because they have difficulties chewing and digesting foods with high fiber . Examples of foods for a soft diet include mashed potatoes, pudding, and soups.

Bland Diet. The word bland is sometimes described as being mild, dull, and tasteless. A ***bland diet*** refers to foods that contain few seasonings, little fat, and foods that produce no gas. Most people on a bland diet have ulcers or other digestive problems. One should use creativity in planning a bland diet to make it appealing and tasty to the person eating it. Examples of foods for a bland diet include a baked potato and boiled skinless chicken.

Diabetic Diet. ***Diabetes*** is a type of an insulin disorder. Contrary to popular belief, it is not caused by eating too much sugar. There are two types of diabetes. Type 1 is when the pancreas no longer has the ability to produce insulin and the cells that produce



Food Guide Pyramid



Adapted from: "The Food Guide Pyramid," Home and Garden Bulletin No. 252, United States Department of Agriculture Human Nutrition Information Service.

Table 20.1

A Pattern for Daily Food Choices

Food Group	Suggested Daily Servings	One Serving Equals...
Milk, Yogurt, and Cheese	✦ 2 servings for adults ✦ 3 servings for children ✦ 4 servings for ages 11 to 24 ✦ 3 servings for women who are pregnant or breastfeeding ✦ 4 servings for teens who are pregnant or breastfeeding	✦ 1 cup of milk ✦ 8 ounces of yogurt ✦ 1 1/2 ounces of natural cheese ✦ 2 ounces of process cheese
Meat, Poultry, Fish, Dry Beans and Peas, Eggs, Nuts, and Seeds	✦ 2 to 3 servings from the entire group	✦ Amounts should total 5 to 7 ounces of cooked lean meat, poultry, or fish a day. Count 1 egg, 1/2 cup cooked beans, or 2 tablespoons peanut butter as 1 ounce of meat.
Vegetables	✦ 3 to 5 servings from the entire group (Include all types regularly; use dark-green leafy vegetables and dry beans and peas several times a week.)	✦ 1/2 cup of cooked vegetables ✦ 1/2 cup of chopped raw vegetables, such as lettuce or spinach ✦ 1 cup of leafy raw vegetables, such as lettuce or spinach
Fruit	✦ 2 to 3 servings from the entire group.	✦ a whole fruit such as a medium apple, banana, or orange ✦ a half grapefruit ✦ a melon wedge ✦ 3/4 cup of juice ✦ 1/2 cup berries ✦ 1/2 cup cooked or canned fruit ✦ 1/4 cup dried fruit
Breads, Cereals, Rice, and Pasta	✦ 9 to 11 servings from the entire group (Include several servings of whole-grain products daily.)	✦ 1 slice of bread ✦ 1/2 hamburger bun or english muffin a small roll, biscuit, or muffin ✦ 3 to 4 small or 2 large crackers ✦ 1/2 cup cooked cereal, rice, or pasta ✦ 1 ounce of ready-to-eat breakfast cereal
Fats, Oils, Sweets, and Alcoholic Beverages	✦ Use Sparingly	✦ Avoid too many fats and sweets. ✦ Avoid alcoholic beverages.

Adapted from: "Preparing Foods and Planning Menus," Home and Gardens Bulletin No. 2232-8, United States Department of Agriculture Human Nutrition Information Service, U.S. Government Printing Office: Washington, D.C.

Table 20.2

insulin have been destroyed or damaged; therefore, they can no longer produce enough insulin to regulate the body's blood sugar. Usually, this type of diabetes is a result of genetics or damage to the insulin producing cells. Type 2 diabetes is when the cells are insensitive to insulin and block it out. Being over weight, middle-aged, and inactive are factors that contribute to this type of diabetes. A proper diet is crucial for both types of diabetics and should always be prescribed by a doctor.

Fat Restricted Diet. Many people are on ***fat restricted diets*** to help prevent coronary heart disease, cancer, and high cholesterol levels.

To restrict the fat intake in a diet, follow these guidlines:

- Read labels to learn the fat content of foods.
- Choose to bake, broil, braise, or steam foods; eliminate frying.
- Refrigerate soups and stews before serving. Skim off hardened fat.
- Reduce intake of high-fat desserts.
- Reduce consumption of bacon, sausage, and luncheon meats high in fat.
- Use herbs, spices, and lemon juice to season and flavor foods.
- Choose canned fish products packed in water.
- Try using low-fat or fat-free menu items.
- Use nonstick sprays in frying pans before sauteing.
- Choose low-fat or fat-free items.
- Skin poultry and trim visible fat from lean meats.
- Use vegetable protein sources, such as lentils, dried beans, and peas.
- Use low-fat and nonfat dairy products.
- Reduce consumption of foods high in saturated fat. Examples of food containing saturated fat are beef, pork, lamb, butter, tropical oils, sour cream, ice cream, high-fat cheeses, bacon, cakes, and pastries.
- Choose polyunsaturated fats when possible. Examples of foods containing polyunsaturated fat include vegetable oils, nuts, and soft margarines and spreads.

Sodium-Restricted Diets. A ***sodium-restricted diet*** is usually prescribed for individuals who have high blood pressure, which can be caused by too much salt in the diet. Individuals should eat foods that are low in sodium and avoid using salt whenever possible. Foods can be flavored by other herbs and seasonings.

Calorie-Restricted Diet. A ***calorie-restricted diet*** is one in which caloric intake is monitored closely to prevent the intake of empty and unnecessary calories. The following are guidelines for reducing calorie intake:

- Reading food labels for calorie content.
- Reducing the amounts of fat and sugar in the diet.
- Looking for "filler" foods supplying less than fifty calories for snacks.
- Choosing foods that are nutrient dense.

CLOTHING ADAPTATION NEEDS

Refer to Chapter 13, which covers clothing needs of the elderly in regard to fabric, fasteners, design and style, and comfort. These topics addressed clothing needs for the elderly in a wheelchair, those who require the use of braces or crutches, and those who have limited dexterity or some type of physical impairment. These same needs apply to people with special health needs in similar situations. There are methods of adapting some clothing to meet these needs without having to purchase all new clothing. The following are ideas for clothing adaptations:

- Use velcro as a fastener to replace buttons, snaps, or other closures. It can also be used on belts and slip-on shoes with buckles.
- Use zippers with large decorative zipper pulls to replace other types of fasteners.
- Replace small fasteners with large buttons with shanks and large metal hooks with bars.
- Select or adapt garments with fewer fastenings.
- Enlarge buttonholes and replace small buttons with large flat buttons.
- Insert elastic at waistlines to help make garments more comfortable and to help keep

them in place.
- Add a zipper at the shoulder seam or the inseam of pants to allow for ease in getting garments on.
- Have large openings in the neck area.
- Eliminate pull-over style clothing.

HOUSING ADAPTATION NEEDS

People with special health needs sometimes need adaptations made in their homes to meet their needs. Some adaptations can be made very easily and for a low cost, while others might require extensive remodeling and be very expensive. Refer to figures 20.2 through 20.5 for housing adaptations in living rooms, kitchens, bedrooms, and bathrooms.

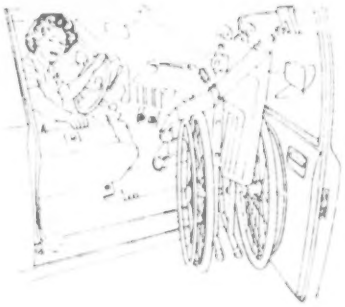
If a person relies on the use of a wheelchair there are several housing factors that should be considered. Ramps must be built for each entrance into the home. If door entrances are not large enough for a wheelchair to fit through, then each doorway must be widened for a person to have complete access to a home. This can be very expensive.

Single-story or ground floor residents are best for persons with limited mobility. However, if one lives in a two-story house, chair lifts can be installed.

Usually, any handicap that is encountered in the home of a person with a disability can be adapted to make the home completely accessible and handicap free. However, sometimes these adaptations may require extensive remodeling and be expensive.

TRANSPORTATION NEEDS

Transportation can sometimes be a problem for people with special health needs. Some may not be able to met requirements for a driver's license, so the lack of inadequate transportation keeps them from going places. Another advantage of the Americans with Disabilities Act (Chapter 9) is that of public transportation. Eventually, through this act all public transportation will be accessible to people with disabilities.



Vehicles can also be adapted to meet the needs of people with disabilities, which may otherwise prevent them from driving. Also, sometimes a special kind of vehicle is needed to install special equipment to meet needs. For example, families with a member requiring a wheelchair need a van with a lift installed. As discussed in Chapter 2, vehicle adaptations can be costly.

SHORT-TERM VERSUS LONG-TERM HEALTH CARE

Families will encounter many health care needs over the years, some being short-term and others being long-term. A short-term health need can be as minor as a family member having the flu, a broken arm, or a broken ankle. A long-term health need can be as major as a family member being paralyzed from the waist down or being diagnosed with a terminal illness.

With each health need that arises within a family, it must be decided how to best adjust to the need. This chapter covers several different changes, such as diet, clothing, or home surroundings, because of some type of special health need. If the special health need is long-term then permanent adjustments will have to

Housing Adaptations

Living Area

1. Sofa raised to height of 20 inches on hidden wooden blocks
2. Coffee table on wheels or casters
3. Walkways clear of electrical cords
4. Nonslip rug
5. Proper lighting
6. Space for wheelchair mobility

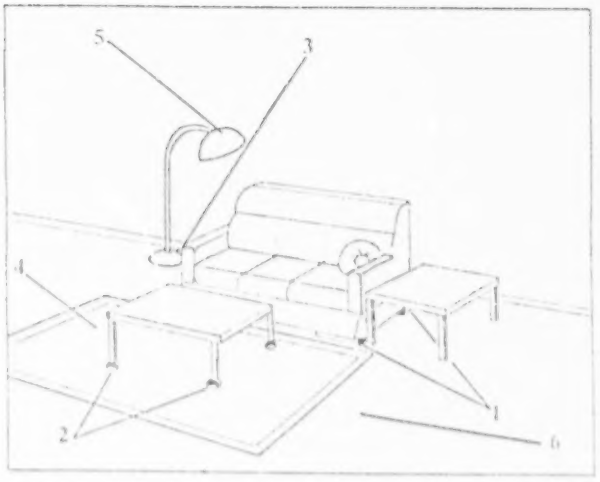
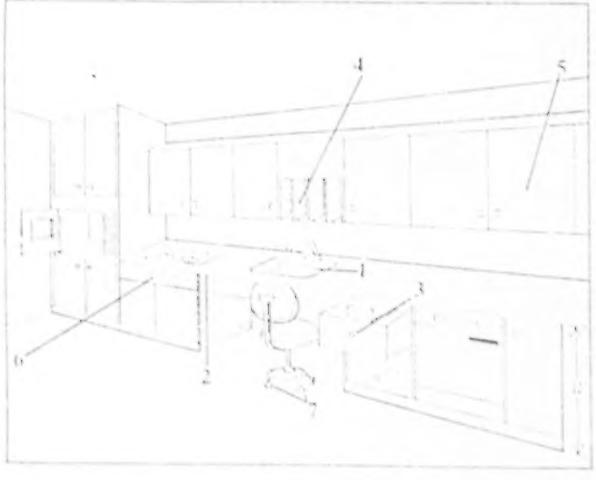


Figure 20.2

Kitchen



1. Shallow sink
2. 32-inch high counter
3. Drawers within easy reach from chair
4. Racks above sink for shallow pans
5. Low wall cabinets
6. Controls on front of stove
7. Chair on wheels or space for wheelchair mobility

Figure 20.3

Bedroom

1. Space for wheelchair mobility
2. Minimum clearance of 18 inches on both sides of bed (36 inches between twin beds; 48 inches if occupant uses wheelchair)
3. Closet accessible by wheelchair
4. Bedside table for liquids, medicine, tissues, books, and magazines
5. Light or flashlight conveniently located near bed

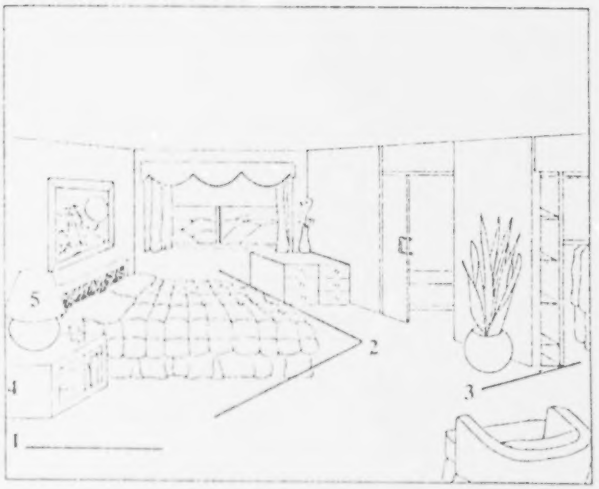


Figure 20.4

Bathroom

1. Grab bars fastened to tub, shower stalls, and wall by commode
2. Raised commode seat
3. Seat in shower stall
4. Seat in bathtub
5. Lever-type faucets
6. Sink 36 inches from the floor
7. Wall-to-wall synthetic fiber carpet with nonslip backing
8. Mirrored medicine cabinet with sliding door over sink
9. Space for wheelchair mobility

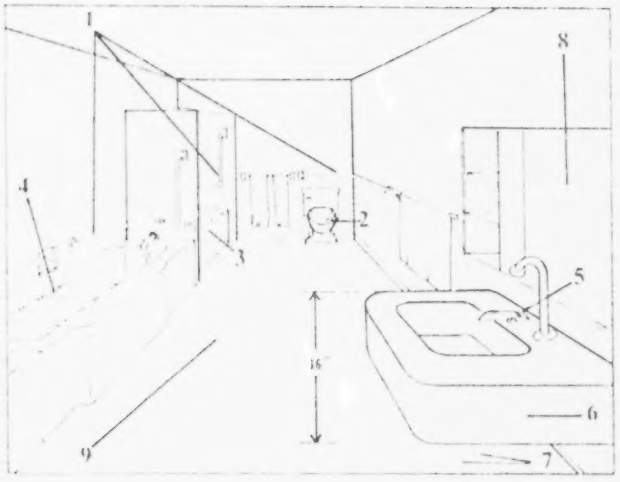


Figure 20.5

be made. If a special health need is short-term then temporary adjustments can be made. For example, if a teenage boy broke his leg and is going to be on crutches for four months then the family would need to make some temporary adjustments. These might include such things as rearranging the furniture, moving him into the downstairs bedroom, making adaptations to some of his clothing, or adjusting schedules to provide him with transportation or going to doctor appointments. Other temporary adjustments can be minor and for only one or two weeks. For example, some adjustments would have to be made for an elderly relative in reasonably good health to come for a short visit.

In any short-term or long-term health care situation a family must decide what adjustments need to be made in the family's daily routines or what adaptations, if any, need to be made to the home. A family should handle the health need with the best possible methods for the family unit.

ALTERNATIVE HEALTH CARE FOR ADULTS AND CHILDREN

Families with members having severe special health needs must sometimes seek alternatives to home health care by a family member. There are numerous reasons for this such as a family member not being able to stay home with the person or family members simply not being capable to meet all the needs of the person. The following alternatives, which are discussed in Chapters 15 and 16 can be considered:

- group home for the mentally impaired
- adult day care
- long-term care facilities
- child care centers
- sitting services
- nursing services
- institutions

Each option should be considered carefully, and the family should choose the option that is best for the person with the special need. This should include considering which option will allow the person to reach his or her fullest potential even with a severe disability.

Summary

- ❑ The following list includes different types of special diets:
  - liquid diet
  - soft diet
  - bland diet
  - diabetic diet
  - fat restricted diet
  - sodium-restricted diet
  - calorie-restricted diet
- ❑ There are methods of adapting some clothing for people with special needs without having to purchase all new clothing.
- ❑ Some home adaptations can be made very easily and at low cost while others may require extensive remodeling and be very expensive.
- ❑ Usually, any handicap that is encountered in the home of a person with a disability can be adapted to make the home completely accessible.
- ❑ Transportation can sometimes be a problem for people with special needs.
- ❑ With each health need that arises within a family, whether it be short-term or long-term, there must be a decision on how to best adjust to the need.
- ❑ Families with members who have severe special health needs must sometimes seek alternatives to home health care including:
  - group home for the mentally impaired
  - adult day care
  - long-term care facilities
  - child care centers
  - sitting services
  - nursing services
  - institutions

Vocabulary

bland diet
calorie-restricted diet
diabetes
fat restricted diet
liquid diet
sodium -restricted diet
soft diet

Review

1. How can one achieve a balanced diet?
2. What are the purposes of special diets?
3. Explain four of the special diets discussed.
4. List five ways to adapt clothing for someone with special health needs?
5. What adaptations need to be made to a house for someone in a wheelchair?
6. Why are transportation needs sometimes expensive?
7. Explain the difference between short-term health care and long-term health care.
8. What must a family consider when making adjustments for a short-term or long-term special health need?
9. Why might a family have to seek alternatives to home health care for a person with special health needs?
10. List four alternatives to home health care.

Critical Thinking

A child is born to you who is severely mentally and physically disabled. The child's brain and limbs are not fully developed. The child will require constant care and is basically incapable of doing anything for himself of herself. Doctors have determined that there is nothing that can medically be done to improve the child's condition. However, it has been determined that the child has the ability to respond to people. Using the decision making process, decide if the child will be cared for at home or placed in an institution. Discuss your feeling in making the decision. Consider if you feel guilty, how you feel others will judge you, how the child will be cared for at home if both parents work, and the financial impact of either decision. If the child is placed in an institution, will you visit him or her daily, weekly, monthly, or not at all? List the advantages and disadvantages of each option.

21

Abuse of Elderly and People with Disabilities

ESSENTIAL ELEMENT

- ❑ Point out forms, causes, and preventive measures for abuse of elderly and handicapped family members.(m.4C)

OBJECTIVES

- ❑ Explain different forms of abuse.
- ❑ Identify signs that might indicate the presence of abuse.
- ❑ Discuss the causes of abuse among the elderly and people with disabilities.
- ❑ Review ways to prevent and treat abuse.

Abuse of the elderly and people with disabilities is a serious problem. This chapter will cover different types of abuse, causes of abuse, and recognition of abuse.

Family violence is when a family member engages in some type of abuse or harm to other family members. Family violence includes child abuse, spouse abuse, and elderly abuse. However, cases of abuse involving a person with a disability or an elderly person does not always come from the family. Sometimes the abuse is coming from a caregiver or an employee of the home or institution in which a person with a disability or an elderly person lives.

Child abuse is the mistreatment of a child that results in harm. ***Spouse abuse*** is the mistreatment of one's spouse that results in harm. ***Elderly abuse*** is the mistreatment of any elderly person. ***Disabled abuse*** is the mistreatment of a person a with disability, most commonly a person with a mental disability.

TYPES OF ABUSE

There are several types of abuse. Sometimes these types of abuse overlap each other or more than one type of abuse is evident.

Emotional and Mental Abuse

Emotional and mental abuse takes place when the person responsible for the care of a disabled or elderly person causes mental/emotional injury or allows them to be in a situation where mental or emotional injury is suffered. The emotional or mental injury that accompanies this type of abuse can cause severe psychological damage. Emotional and mental abuse is the most difficult type of abuse to identify. It is seldom reported to authorities. This type of abuse may exist when family members or caregivers cannot accept the condition of a person with a disability or an elderly person; therefore, the family places unreasonable demands or expectations on the person with the special health need. When the individual with the special health need cannot meet these demands and expectations, hurtful comments are made about his or her ability in front of others.

Physical Abuse

Physical abuse occurs when a person responsible for a disabled or elderly individual causes bodily injury to him or her or when the person does not make an effort to prevent an action by another person that results in physical injury to a disabled or elderly individual. This type of abuse is generally injury that is not an accident. Caregivers have not committed abuse if injury results from an accident not caused by neglect.

Physical Neglect

Physical neglect results when a person responsible for a disabled or elderly individual does not provide items necessary to sustain health and life. Necessary items include food, clothing, shelter, care, and protection. If a family is unable to provide these things because of financial inability, it is not considered neglect. However, if some type of assistance is offered, such as government funding, and the family refuses to accept it, then the caregiver is guilty of neglect. Physical neglect can be difficult to identify because it is difficult to know at what exact point a child is not receiving minimal care. Views about what is considered neglect may depend on what practices are common and acceptable in the community and what practices were used in previous generations.

Sexual Abuse

Sexual abuse occurs when an adult uses a disabled or elderly person to arouse or satisfy his or her sexual desires or when an adult does not reasonably attempt to prevent another adult from committing these acts. Several acts associated with sexual abuse include sexual assault, incest, intercourse, and pornography. Identifying and documenting a case of sexual abuse can be difficult. The abuser is sometimes a family member, someone the family knows, or a caregiver of the victim. Cases involving female victims are more frequently reported than cases of male victims.

Social Abuse

Social abuse is when people deliberately do not provide companionship or friendly interaction to disabled or elderly persons in a social

setting. This type of abuse can come from families if they never take the person with the disability or the elderly person in public to experience social activities. Other offenders of social abuse are those who come into contact with elderly or disabled persons and respond negatively. Social abuse is the most common form of abuse of people with disabilities and the elderly.

Medical Neglect

A family's failure to seek, obtain, or follow through with medical treatment for a disabled or elderly person is referred to as ***medical neglect***. When medical neglect is present, the lack of medical care might result in bodily injury, death, or development and functioning impairments.

Basic medical care in urban areas is available for free or for a minimal fee in community health centers. Many communities provide transportation to health centers and medical facilities. Receiving proper medical attention in rural areas may be more difficult because of the distance some individuals must travel.

CAUSES OF ABUSE

There are many causes of abuse. Common feelings that often accompany abusive behavior include tension, stress, anger, and depression. These feelings can be brought on by many different factors, including having a family member with a special health need. As we have discussed earlier, having a special health need can be very stressful. Although each abuse case is different, research has found that certain factors increase the risk of abuse. Factors associated with abuse can usually be classified into one of four groups:

- family interactions
- individual characteristics
- societal values
- environmental conditions

Family Interactions

If a family is going through a difficult time, such as learning to accept and deal with a special health need, conflicts can arise. If one of the spouses has a special health need, the other spouse might take out his or her frustration, tension, and stress on the children. If a couple has a child with a special health need they might take out their feelings on each other, resulting in spouse abuse or on their other children, resulting in child abuse. Having an elderly parent can be a very stressful time in a person's life, especially if a parent is living with his or her child. This may begin a series of elderly abuse.

Individual Characteristics

Adults who have certain characteristics might be more likely to commit abuse. Abusive adults may be alcoholics and drug abusers, immature, emotionally troubled, unhealthy, or the victims of abuse themselves. When stress or tension is present, abusers often react with violence and anger. Adults who are abusers lack the coping skills necessary to deal with their feelings in an appropriate manner.

People who are the victims of abuse may have characteristics that affect the abuser in a negative way. These characteristics might be physical or behavioral and include somethings that make the victims unappealing, difficult, or different in the eyes of the abuser. These characteristics may be the result of a person having a disability or a person being elderly. This does not mean that victims of abuse are in any way at fault.

It is not just family members that inflict abuse on the elderly and people with disabilities. Caregivers that come into the home or workers of long-term care facilities for the elderly and people with disabilities can be the abusers. Sometimes such institutions abuse their residents mostly by all types of neglect. However, physical and sexual abuse can be

present in such facilities.

Societal Values

The attitudes of society are another factor in abuse. Many people do not want to be involved with the care of people with disabilities or the elderly, so often the abuse goes unreported. If abuse were reported more frequently, it might prevent adults and institutions from committing abuse.

Environmental Conditions

Environmental conditions can be stressful on an entire family. Anytime something changes within a family, the entire family is affected. Special health needs may lead to financial changes for the family, the amount of time spent doing family activities, or the amount of time that one or both parents is away from home. In some cases of a special health

need, a family might have to relocate to be closer to medical services needed. Changes within a family can sometimes be positive, but they can also be negative. Stress, tension, depression, and anger can accompany changes in a family which may lead to abusive situations.

RECOGNITION OF ABUSE

Those who have regular contact with people who have disabilities or the elderly are most likely the ones who detect signs of abuse and neglect. Recognizing abuse and neglect may be difficult because there may be only one signal present. Signals can be physical, behavioral, or both.

It is important for anyone who has contact with the elderly or people with disabilities to be able to identify the many indications of abuse and neglect. People who recognize these signs should not be as concerned about determining what type of abuse or neglect is taking place, as they should be about protecting the individual and reporting suspicions to the proper authorities. Refer to figure 21.1 for signs of abuse.

Signs of Neglect

Consider the possibility of neglect when an elderly person or a person with a disability shows the following signs:

- Appears undernourished due to lack of food or malnourished due to poor quality of food
- Constantly appears dirty
- Suffers from skin conditions, such as diaper rash due to inadequate hygiene
- Constantly complains of hunger and may search or beg for food
- Always dresses in torn, dirty and /or non-appropriate clothing for the weather
- Needs for medical care, dental care or medication are ignored
- Left completely alone or unattended for long periods of time

PREVENTION AND TREATMENT OF ABUSE

There are programs available to aid in preventing abuse. Programs are available not only for prevention, but also to help those who have been victims of abuse.

Prevention

One way of preventing abuse is through learning to deal and cope with stress and strain, which can lead to abusive behavior. There are programs that teach family members to cope

Signs of Abuse

The following signs do not prove that abuse is present in a family. Any one of these signs may be found in an elderly person or person with a disability at one time or another. However, when these signs appear repeatedly or in combination, a closer look should be taken at the situation and the possibility of abuse considered. That second look may reveal further signs of abuse.

Consider the possibility of physical, emotional, and mental abuse when an elderly person or a person with a disability_

- ✔ has unexplained injuries, such as bruises, burns, cuts, broken bones, or black eyes
- ✔ has fading bruises or other marks noticeable after the person has not been seen for several days
- ✔ shows extremes in behavior, such as overly compliant or demanding behavior, and extreme passivity or aggression
- ✔ shows no reaction to pain

Consider the possibility of sexual abuse when an elderly person or a person with a disability_

- ✔ has difficulty walking or sitting
- ✔ becomes pregnant or contracts a sexually transmitted disease
- ✔ has injury to the genital area
- ✔ reports sexual abuse by an adult caregiver or family members
- ✔ fears being alone with the caregiver or certain family members

Figure 21.1

successfully with their roles in the family. Both parent and children require support services, education, and training.

To prevent further abuse once it has started, the abuse has to be reported immediately. If you ever suspect any type of abuse, report it immediately. There are several different places to report abuse which include:

- Twenty-four hour Abuse Hotline: 1-800-252-5400
- Attorney General's Office
- Department of Human Services
- an adult, teacher, physician, counselor, or anyone who will listen

Once the abuse has been reported, it can be stopped, and families can begin receiving training, education, and support services for future prevention.

Treatment

In addition to programs available to aid in preventing abuse, families and victims of abuse and abusers can seek various forms of assistance to help them deal with abuse that has been or is occurring. People who abuse have behavioral problems, and behavior is difficult to change. Numerous programs are available for helping abusers and victims of abuse. Many of these programs direct information and treatment to the entire family.

The primary purpose of community support programs is protection. All treatment programs must have this as the top priority of the program. The main goal is to replace the abusive patterns with more caring and rewarding methods of care. The abuser must develop a healthy self-esteem, and the stress and strains that led to the abuse must be reduced. The most important goal of any treatment program is to keep the family intact. A standardized treatment program is not available for abusive parents. Treatment programs are created depending on the specific needs of the family. Treatment services also depend on the resources that are available in the community.

Some treatment services available include support and counseling in the home. ***Personal home care aides*** perform a variety of home management tasks that assist families trying to cope with problems. They are usually assigned to a family by a probation officer or social worker. Tasks might include keeping house, advising on nutrition, health, and cleanliness, and incorporating a plan of organization, such as children being assigned chores to complete each day. Primarily, a personal home care aide helps keep a household functioning through a crisis by adding order and structure to the home.

The use of ***parent support groups*** are common treatment methods in any size community to let parents know that they are not alone. Groups of people with similar problems gather to discuss their problems, feelings, situations, and any other topics that may develop. Discussing problems with others who are in similar situations often helps abusive people see different sides of the situation while also providing suggestions and methods for changing abusive behavior.

Individual therapy involves the abusive parent or caregiver seeking therapy through a psychiatrist, licensed psychologist, marriage and family therapy counselor, or church clergy. Through numerous counseling sessions, many individuals receive the appropriate treatment they need to alter their abusive behaviors.

Family counseling is a treatment approach for the entire family. Many professionals believe that all family members should be involved in counseling sessions in order to improve all relationships within the family.

Summary

- Anyone can be guilty of abuse, and any disabled or elderly persons can be the victims of abuse.

- The different types of abuse include:
  - emotional and mental abuse
  - physical abuse
  - physical neglect
  - sexual abuse
  - social abuse
  - medical neglect

- Common feelings that often accompany abusive behavior include tension, stress, anger, and depression. These feelings can be brought about by many different factors, including having a family member with a special health need.

- Factors associated with abusive behavior can usually be classified into one of four groups:
  - family interactions
  - individual characteristics
  - societal values
  - environmental conditions

- It is important for anyone who has contact with the elderly or people with disabilities to be able to identify the many indications of abuse and neglect.

- Victims of abuse and abusers can turn to various forms of assistance to help them deal with the abuse and the abusive behavior.

Vocabulary

child abuse
disabled abuse
elderly abuse
emotional and mental abuse
family counseling
family violence
individual therapy
medical neglect
parent support groups
personal home care aides
physical abuse
physical neglect
sexual abuse
social abuse
spouse abuse

Review

1. List and explain the six types of abuse and neglect discussed in this chapter.
2. What feelings often accompany abusive behavior?
3. What factors are associated with abuse?
4. List signs of physical, emotional, and mental abuse?
5. What are signs of sexual abuse?
6. List signs of neglect.
7. What are some ways of preventing abuse?
8. What treatment services are available to help family members prevent abuse?

Critical Thinking

Contact several different sources in your community where you can report abuse. Find out exactly what happens when abuse of an elderly person or person with a disability is reported. Remember to think about all aspects of the situation such as if the abuser is the primary caregiver of the person or if the person is being abused in a home such as a long-term care facility. Find out each step of the process and what will happen to the person being abused in each situation. Make sure your research is in-depth.

22

Careers Regarding Special Health Needs

ESSENTIAL ELEMENTS

- ❑ Identify employment opportunities and preparation requirements in chosen field.(a.7a 2.A)
- ❑ Relate personal characteristics to the appropriate career(s) addressed within each home economics course.(a.7A)
- ❑ Describe management practices facilitating individuals assuming multiple roles.(a.7B)
- ❑ Discuss demands and rewards in relation to personal and family life.(a.7C)
- ❑ Demonstrate effective money management.(a.7D)

OBJECTIVES

- ❑ Evaluate career opportunities in fields that directly affect families with special health needs.
- ❑ Discuss career opportunities in fields that indirectly serve families with special health needs.
- ❑ Examine the importance of professional qualifications to job success.
- ❑ Analyze the significance of personal characteristics to job success.
- ❑ Assess the importance of management practices when dealing with multiple roles.
- ❑ Illustrate the need for effective money management.

Choosing a career is a very important decision for a person to make. The decision must be well thought out and based on complete information. Everyone should be aware of his or her personal values and skills, as well as the career options available.

One career field is that of special health needs related jobs. There is a need for persons in this field, especially as the baby boomer generation continues aging. A variety of special health needs careers are available and can be categorized according to the amount of contact with people who have special health needs.

CAREERS THAT DIRECTLY SERVE FAMILIES WITH SPECIAL HEALTH NEEDS

This category is made up of careers in which a person spends time with individuals or families with special health needs either on a daily or regular basis.

Education

Special health needs teachers usually have the title of Special Education Teacher. They work with children ranging in the ages of newborn through age twenty-one. ***Special education teachers*** are trained to teach students with learning disabilities, physical challenges, mental impairments, and social, behavioral, or emotional adjustment problems. Special education teachers must tailor programs for individual students, depending upon the type and degree of their needs.

Starting salaries for teachers vary depending upon geographic area, experience, and level of education. A teacher's salary level could be raised with the addition of experience, administrative responsibilities, or an advanced degree. A special education teacher has a bachelor's degree, which requires about four years of college. The teacher must be certified to teach by the state in which he or she is employed.

Certification requirements vary from state to state. In Texas, for example, a person must be accepted into a state-approved teacher certification program through an accredited college or university. After successful completion of program requirements, the person is required to pass an ExCET exam in his or her area of specialization before becoming certified to teach.

A person with a special education degree can also be employed by hospitals or various organizations as adult educators. They can educate families on how to cope with special needs and techniques to help the person with special needs.

Therapists

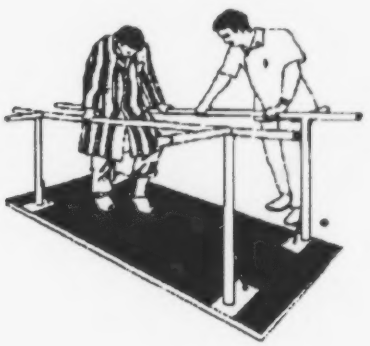
There are several different types of therapists such as an occupational therapist, physical therapist, recreational therapist, speech-language pathologist and audiologist, and an orientation and mobility specialist. A therapist may work exclusively with individuals of a particular age group or with particular disabilities.

Being a therapist generally requires a bachelor's degree from an accredited educational program, and certain types of therapists are required to take a test in order to become certified and licensed. Salaries vary depending on location, experience, and the type of therapist. Employers include hospitals, school systems, nursing homes, community mental health centers, adult day care programs, outpatient rehabilitation clinics, and residential care facilities. For a more detailed description of

each type of therapist, consult the Occupational Outlook Handbook in your local library.

Occupational Therapist: An ***occupational therapist*** works with individuals having mental, physical, developmental, or emotional disabilities to develop, recover, or maintain daily living and work skills. Usually the therapist will help the patient to care for his or her daily needs, then skills will be taught to help the patient with the special health need become employable.

Physical Therapist: A ***physical therapist*** works with patients to improve mobility, relieve pain, and prevent or limit a permanent disability from injuries or illnesses. Treatment includes exercise techniques to use and strengthen muscles and to improve balance, coordination, and endurance. Other methods used are massages, heat, water, electricity, and various therapeutic devices to help patients gain independence.



Recreational Therapist: ***Recreational therapists*** conduct activities with people who have special health needs to provide them with fun, leisure activities and opportunities for exercise, mental stimulation, and creativity.

Speech-language pathologist and audiologist: A ***speech-language pathologist*** works with people who have speech, language, voice, and fluency disorders. This could include patients suffering hearing loss, brain injuries, strokes, cleft palate, cerebral palsy, or mentally challenged individuals. An ***audiologist*** works with people who have hearing or hearing related disorders.

Orientation and mobility specialist: This is a relatively new profession in which a nationwide demand exists. An ***orientation and mobility specialist*** assist blind and visually impaired individuals in developing skills to use mobility systems such as long canes, sighted guides, and electronic travel aids. An ***electronic travel aid*** is a device which enables a blind or visually impaired person to move efficiently in any environment safely, gracefully, and independently.

Caregivers

Caregivers for people with special health needs might be employed by care facilities such as child care centers, adult day care programs, hospitals, government agencies, living centers for people with special health needs, or in private homes. Tasks of caregivers include meeting people's basic needs, such as feeding them, and providing them with some kind of activity or interaction with others.

Home health aides are people who come into homes of individuals with special health needs for a few hours each day or several times a week. They check on the person and perform various tasks, such as laundry, bathing, cooking, dressing, grooming, and administering oral medications prescribed by a doctor. Another type of caregiver is the personal home care aide discussed in Chapter 21.

Some entry-level positions, such as caregiver, require no special training or education. In most states, caregivers are required to be at least eighteen years old. However, with the appropriate amount of experience or education, a person may be able to take on other tasks such as director or coordinator of specific areas, such as recreation.

Protective and Social Services

The goal of social services is to improve the quality of individual and family life, to assist in obtaining benefits and services, and to protect the rights of people with special health needs. Careers in this area involve working in group homes, service agencies, programs concerned with specific special health needs, hospitals, the Department of Health and Human Services, or the Employment Commission. Possible job titles include social worker, mental health technician, residential counselor, or gerontology aide.

Depending on the job, most of these positions require at least a bachelor's degree. However, a master's degree increases job opportunities, advancement potential and is required for some positions.

Professions in the Medical Field

Professions in the medical field directly affect individuals and families with special health needs. Possible medical professions include a nurse, doctor, laboratory technician, or medical technologist. In the profession of a nurse or doctor, the field can be broad or specific. For example, a doctor can be a general practitioner or be a specialized doctor such as a gerontologist. A ***gerontologist*** specializes in ***geriatrics***, which is the branch of medicine that deals with the diseases and problems of the elderly. Nurses can also work in different areas such as with newborn babies, with children with terminal illnesses, or with elderly individuals in a long-term care facility or an adult day care.

CAREERS THAT INDIRECTLY SERVE FAMILIES WITH SPECIAL HEALTH NEEDS

Many people are concerned about the welfare of individuals and families with special health needs. Such jobs have an indirect impact on the families or individual lives of people with special health needs.

Information Specialists

Careers that provide others with information about special health needs include educators, researchers, and consultants.

Educators are those persons who teach and train others in the field of special health needs. These people can be employed to teach junior high through college level students or work in churches, community agencies, or civic organizations. A minimum of a bachelor's degree is required, and a master's or doctorate degree is required to teach at the college or university level.

Researchers find and provide helpful information and the best methods known concerning special health needs. In addition to researching health issues, the research expands into other areas, such as business and design, that also affects individuals and families with special health needs. Most researchers are employed by federal agencies, large universities, or private research companies.

Consultants are professionals hired by organizations for expert advice on a particular topic or project. They use research data and their experience to provide information that is beneficial to people who are interested in special health needs. Consultants usually have an advanced degree, such as a doctorate, and much experience with special health needs.

Goods and Services Provider

People with special health needs have different needs than others. Careers are available for professionals who create and design goods and services to meet these needs.

Designers plan products or facilities to meet the needs of families and people with special health needs. These products or facilities includes a variety of things such as clothing, housing, automobiles, and special equipment. There is also the need to redesign facilities, such as businesses and homes to accommodate a person with special needs.

PROFESSIONAL QUALIFICATIONS

The physical, mental, and social skills that a person possesses are called professional qualifications. Professional qualifications are typically gained through specialized training, education, and experience. The qualifications required for a job are determined by the position's level of responsibility. Training may take place in a high school or college classroom, at a vocational/technical school, or on the job. Training usually involves being instructed to perform a particular skill or set of related skills necessary to perform a particular job.

Most career fields have several levels of positions. A person's success in moving to higher levels usually depends upon his or her professional qualifications and personal characteristics. This progression to higher levels is known as "climbing the career ladder."

A high school diploma is necessary for most entry-level positions. Generally, a diploma indicates that the graduate has basic reading, writing, and mathematical skills. An entry-level position usually implies limited education, experience, and training. A ***paraprofessional*** is someone who has training beyond high school for a certain profession. Often a paraprofessional earns an associate's degree from a two-year college that prepares him or her to work as a team member with other, more qualified persons.

As people gain education and experience, they tend to move up to better pay and more responsibility. This is because increased education and experience are typically associated with specialization and refinement of basic skills. A ***professional*** is someone with a degree from at least a four-year college or technical school. Some careers require training and certification or licensing in addition to a bachelor's degree. Many professionals have more advanced degrees and considerable experience. These tend to be the people who have climbed to the uppermost levels of a career field, such as the directors and supervisors of programs, or professional consultants.

Many recent graduates of high school or college wonder how they are to gain the experience that employers desire if they are unable to secure a paying job. Volunteering is one way to gain experience. Many programs and agencies in the community depend upon volunteers to

keep their programs running. Advantages of volunteer work include gaining actual work experience and practicing work skills. Supervisors of volunteer programs are excellent references for future employment.

PERSONAL CHARACTERISTICS

Certain personal characteristics are related to success regarding special health needs careers. The importance of the characteristic varies according to the degree and type of contact with individuals and families with special health needs a job requires. The following characteristics are necessary for a person seeking a career that involves direct contact with persons with special health needs:

1. Enjoy people with special health needs
2. Be nurturing
3. Have patience
4. Remain flexible and cooperative
5. Be able to provide appropriate guidance
6. Have concern for person with special health needs
7. Understand special health needs
8. Have good interpersonal communication skills

Enjoy People with Special Health Needs

Successful professionals who enjoy people with special health needs work directly with them. They find pleasure while interacting with them physically, mentally, emotionally, and socially. They work with the person requiring special health needs in a warm, relaxed, and friendly manner, and have a desire and ability to help people and families with special health needs. These professionals have been given the talent to respect these individuals as people. They value the contributions a person with special health needs gives to life and like the challenge of being involved in that person's life.

Be Nurturing

The term ***nurture*** means to actively promote a persons vital development. This role is particularly important for teachers, caregivers therapist, or anyone that spends eight to ten hours a day, five days a week with the person having special health needs. One aspect of this role is providing needed emotional support. This means giving warm, interested, affectionate, comforting, helpful, and sincere personal responses.

Persons with special health requirements need someone to show them affection and appreciate their accomplishments. This is principally the responsibility of the parents or spouses, but in their absence it is the responsibility of the caregivers. Parents sometimes worry when they must leave their child with special health needs in the care of someone else. Spouses many times feel guilty when they must leave their husband or wife with special health needs, but in most cases absence is necessary to earn the primary source of income. These feelings of worry and guilt often arise from the fear that their family member with special health needs will not receive the attention and medical care they need. It is the caregiver's responsibility to communicate to the parents or spouses that their loved one's special health needs are being met and that they are being nurtured.

Have Patience

Professionals must be kind, understanding, and patient with individuals and families having special health needs and their families. Some special health needs conditions require unique situations that must be accommodated. Every-

body must feel they have been treated fairly.

People with special health needs are sometimes slower at learning or completing tasks, or in some cases they might be re-learning a task they knew previous to an accident. A patient caregiver can provide the necessary encouragement to help a person with special needs complete slow and frustrating tasks. Impatient caregivers who take over the task are interfering with the process that can help a person with special health needs become more independent and feel good about themselves. People with special health needs can sense an impatient caregiver, which can reinforce their feelings of being a burden.

Professionals who work with people who have special health needs must be able to effectively deal with responses such as depression, mood swings, unreasonableness, anger, and complaining. Not all people with special health needs will possess these qualities, but professionals need to know how to handle situations of this nature. Also, it is important for professionals who work with people having special health needs to have strong self-control and to never take out their frustration verbally or physically.

Remain Flexible and Cooperative

When working with people requiring special health needs, professionals must be able to adapt to changing circumstances. Special health needs can be constantly changing with advancements or various phases of treatment. Remain flexible and cooperative in all situations to provide a positive outcome for everyone.

Be Able to Provide Appropriate Guidance

One very important role for anyone working with a person having special health needs is guidance. The term ***guidance*** refers to anything that is said or done while interacting with a person with a special health need that is intended to influence their thinking or behavior in a positive way. Although this might be a challenge, professionals need to strive to achieve good and productive guidance.

Have Concern for the Person with Special Health Needs

Those seeking a career in the special health needs field should have a deep sense of concern for the well-being of persons and families that have special health needs. This concern could focus on any one special health need or, on the people or families with special health needs as a whole.

Successful professionals in the field of special health needs highly value people and families with these needs in society. These professionals desire to participate in and enhance advances for people and families with special health needs. They are dedicated and committed to helping people with special health needs and to looking out for their welfare.

Understand Special Health Needs

Special health needs refers to an illness or health situation that is life affecting for a person. Knowledge in this field is drawn from many other areas such as ***sociology*** (the study of human society and functions of groups), ***physiology*** (the study of the functions of the body and its parts), and ***psychology*** (the study of mental and emotional processes).

Those preparing for careers in the field of special health needs must understand aspects and concepts of special health needs. This better prepares them to work with individuals and families having special health needs.

Professionals must stay updated on new studies, research, or laws that may provide them with better information and benefits to serve individuals and families with special health needs. Staying updated can be accomplished by

attending workshops, seminars, or classroom lectures. Professional journals also are beneficial, as well as networking with others working in the special health needs profession.

Have Good Interpersonal Communication Skills

People who work with individuals and families having special health needs must have good interpersonal communication skills. ***Interpersonal communication*** is the exchange of information that takes place between people. These skills are used to develop and maintain relationships with people having special health needs, as well as the families of these people.

Communication skills are also essential when dealing with other professionals. Quite often professionals communicate through trade magazines, professional journals, and other media. This means professionals need to stay up-to-date with new technology and research in their field as well as possess skills in written and oral communication.

One aspect of interpersonal communication skills is learning how to be perceptive when observing and listening to people, striving to hear what is really being said. A perceptive listener not only hears the spoken words, but attends to body language and tone of voice as well. This helps identify the true meaning of the message being sent and aids in interpreting individuals and families. Taking the time to listen attentively to the individual and family with special health needs shows them that they are respected.

Other Characteristics

There are many characteristics or qualities that employees need in any job to be successful. These characteristics and qualities include honesty, a willingness to learn, self-initiative, dependability, loyalty, punctuality, enthusiasm, interest in your job, courtesy to other employees, and creativity. Depending on the type of job, some of these qualities will be more dominate than others. For example, it will be important for a teacher of people with special health needs to be creative.

Employers look for these personal traits when people apply for jobs and consider these qualities when evaluating employees. A person's failure to keep a job is often due to a lack of desirable personal qualities rather than a lack of job skills. Honest self-evaluation can help a person determine strengths and weaknesses and honest self-criticism often leads to employment success.

MANAGING MULTIPLE ROLES

Today's society has few people only with one roll to fulfill. In a dual-career marriage, where both the male and female partners have careers outside the home, each usually has several roles to manage. The woman may have the roles of homemaker, wife, mother, and career person to fulfill, and the man may have the roles of husband, father, career person, and co-homemaker. How people learn to manage these multiple roles and responsibilities varies. Their success of this is essential to overall life satisfaction and depends largely upon the commitment of both partners to the dual-career arrangement.

In order to manage all of these roles, an individual must possess management skills. ***Management*** is the act of supervising people or activities to obtain results. This is used as an effective tool for creating change and reaching desired outcomes. Management requires the use of resources to meet personal and family goals. ***Resources*** are those things that can be used to support or supply. Resources include skills, energy, time, knowledge, money, natural surroundings, social organizations, community facilities, and political institutions.

After considering their resources, a couple must evaluate their ***priorities***— activities or actions that demand attention over other activities or actions— and set short and long-term goals. A ***goal*** is an object or end result that a person or family strives to obtain. After a family sets their priorities and goals, they can effectively manage their resources.

The amount of time required to obtain a goal also should be considered. Short-term goals are goals that may be reached in a short period of time. This time period is usually less than one year. Long-term goals may take several years to reach.

Setting goals involves working toward a purposeful change and reaching desired outcomes either through personal management or family management. Therefore, proper management is an effective way for an individual or family to reach goals.

People who have multiple roles experience stress at times. ***Stress*** is the condition in which one experiences a high level of demand that causes tension. Stress can be positive or negative depending upon how an individual copes with it. Stress is positive when it motivates an individual to accomplish tasks he or she might not other wise complete. When stress becomes prolonged or particularly frustrating, it can be harmful and negative. Medical research has shown that the origins of many common illnesses are related to stress such as high blood pressure, ulcers, backaches, insomnia, and some types of headaches.

It is impossible to live a life completely free of stress. The important issue when managing stress is recognizing harmful stress and determining methods of reducing it. This can make an important difference in the quality of an individual's life.

Without good management skills, families may make unwise decisions that further complicate their already busy lives. To avoid this, families must sit down and discuss how each member can contribute to making things run more smoothly. Time management is required to adequately care for housekeeping, laundry, shopping, and children. Time is a precious thing in busy families, so it must be managed effectively, including scheduled relaxation and family time. Some families may get outside help to get everything done or simply accept that some things will be left undone. Although it can be challenging, a supportive family can provide the motivation to meet the demands of balancing career and home life.

EFFECTIVE MONEY MANAGEMENT

Money is the main reason people work. It is a limited resource that can be used to provide for the needs and wants of a family. Since it is

limited, decisions regarding its use must be made with the best interests of the family in mind.

Salaries

Salaries refer to payment for work done. A person's salary may be figured by the hour, week, month, or year. Entry-level employees without college degrees often are hired at minimum wage. A ***minimum wage***, first established in 1938, is the least amount of money an employee can be paid per hour and is set by law. A ***wage*** is an hourly rate of pay for an employee. As experience is gained, hourly wages may increase to amounts above minimum wage rate. Each business has policies regarding how employees are paid for the work. Paychecks may be received weekly, bimonthly, or monthly.

Employee Benefits and Incentives

Benefits are indirect forms of payment for work other than money. Some benefits are legally required to be offered by an employer regardless of where you work. These include social security, worker's compensation insurance, and unemployment insurance. Other benefits might include:

- company cars
- medical insurance
- sick leave
- vacation time
- paid holidays

An ***incentive*** is a reward that acts as motivation for an employee to be as productive as possible. Incentives tend to tie performance to personal initiative. These might include the following:

- employee-of-the-month programs
- bonuses in cash, services, or goods
- vacation time in addition to regular annual leave
- dollar commission on sales
- opportunity for advancement
- contests between employees

These incentives and benefits can help the employee with budget expenses by freeing income that would otherwise be spent on insurance or on recovering from a loss of income when unable to work due to illness, injury, or time spent on vacation. Obtaining a satisfying job, getting paid an adequate salary, and receiving adequate benefits are important considerations when selecting a job.

Budgets

A ***budget*** is a plan for spending and saving income. Budgets are designed to help a family make appropriate adjustments to reach their financial goals. A good budget sets enough money aside for the necessities of food, clothing, and shelter. It also serves as an emergency fund for medical crises or wage earner layoffs. A budget also should allocate money for miscellaneous items, family entertainment, and savings for the future. There are five basic steps to developing a satisfactory budget.

1. Determine needs and wants.
2. Examine fixed expenditures and income.
3. Develop a financial plan or budget.
4. Implement the plan.
5. Evaluate the plan.

A ***need*** is a condition in which something is required for the physical or mental well-being of an individual. A ***want*** is a condition in which something desirable is lacking. A want is different than a need because a want is not necessary for survival. Fixed expenditures can be estimated by reviewing past records to determine how much money is needed for household needs. Household expenditures can differ greatly from one family to another. Other things should also be considered when developing a budget such as a miscellaneous fund for unexpected bills and an emergency fund to cover expenses in case of a lack of income. Savings is another important factor when developing a financial plan or budget.

Refer to table 22.1 for an example of a sample budget. It is important to remember that the percentages are only suggestions. These will vary depending on the situation because each individuals' or families' incomes or needs are not exactly the same.

Once a budget has been decided upon and implemented, it will become necessary to evaluate the plan on a regular basis. Adjustments should be made as necessary. Income may change, as well as needs or budgeted wants. Evaluating a plan properly and making needed adjustments helps to eliminate financial difficulties.

Sample Budget	
Housing (including mortage or rent, taxes, insurance, and utilities)	25-35 percent
Food (includes eating out)	15-20 percent
Debt payments (includes car, loans, and credit card payments)	15-20 percent
Clothing	10 percent
Transportation (includes gas, insurance, and repair costs)	5-10 percent
Savings	10 percent
Miscellaneous (includes entertainment, medical insurance and expenses, education costs, personal grooming supplies, recreation, and charitable contributions)	10-20 percent

Table 21.1

Summary

- Careers that directly serve individuals and families with special health needs are teachers, therapists, caregivers, and protective and social services areas.
- Types of therapists include occupational therapists, physical therapists, recreational therapists, and speech-language pathologists and audiologists.
- Careers that indirectly serve individuals and families with special health needs are information specialists and providers of goods and services.
- Types of information specialists include educators, researchers, and consultants.
- The physical, mental, and social skills that a person possesses are called professional qualifications, which are gained through specialized training, education, and experience.
- Personal characteristics necessary for a person seeking a career in special health needs include the following:
  1. enjoy people with special health needs
  2. be nurturing
  3. have patience
  4. remain flexible and cooperative
  5. be able to provide appropriate guidance
  6. have concern for people with special health needs
  7. understand special health need
  8. have good interpersonal communication skills
- Other characteristics or qualities employees need in any job to be successful include the following:
  - honesty
  - a willingness to learn
  - self-initiative
  - dependability
  - loyalty
  - punctuality
  - enthusiasm
  - interest in job
  - courtesy to other employees
  - creativity
- In order for individuals to manage different careers, life-styles, and family roles, an individual must possess management skills.
- Since money is a limited resource, decisions regarding its use must be made with the best interests of the family in mind.

Vocabulary

audiologist
benefits
budget
caregivers
consultants
designers
educators
electronic travel aid
geriatrics
gerontologist
goal
guidance
home health aids
incentive
interpersonal communication
management
minimum wage
need
nurture
occupational therapist
orientation and mobility specialist
paraprofessional
physical therapist
physiology
priorities
professional
psychology
recreational therapists
researchers
resources
salaries
sociology
special education teachers
special health needs
speech-language pathologist
stress
wage
want

Review

1. What are five occupational opportunities available to individuals who wish to work directly with people affected by special health needs?

2. What are five occupational opportunities available to individuals who wish to have an indirect impact on individuals and families with special health needs?

3. What are some professional qualifications, and how are they typically gained?

4. Why is it important to be nurturing and patient when working with people and families having special health needs?

5. Why must professionals in special health needs related fields understand special health needs?

6. What are some challenges faced by dual career families?

7. When is stress positive? negative?

8. What is important when managing stress?

9. Why is effective money management necessary for a family?

10. What are the five basic steps to developing a satisfactory budget?

Critical Thinking

Select an occupation in a special health needs related field that interests you. Using resources such as classified ads, occupational handbooks, or personal interviews, locate a specific job and research it. Determine the qualifications required, duties of a typical day, number of hours per week, salary, geographic location, professional attire, possibility of advancement, and other aspects of the job. Considering your own personal interests and talents, would this job be for you? Give explanations to justify your response. Share your findings with the class in an oral presentation.

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INDEX

A

abstinence 54
abuse
  causes of 193-194
    environmental conditions 194
    family interactions 193
    individual characteristics 193-194
    societal values 196
  places to report 198
  prevention 194, 196
  signs of 194, 195
  treatment of 196
  types of
    emotional and mental 192
    neglect 193, 194
    physical 192
    sexual 192
    social 192-193
acceptance 3
accidents 2
Acquired Immune Deficiency (AIDS) 2, 54-55
  defined 54
  risky behavior 54
  safe behavior 54
adaptions 66
ADL 121
adult day care 143
  defined 143
advance grief 116
advertising 35
advocacy 138
age spots 112
aged population 103
aging
  facts and fallacies 104-105
  long life factors 106
  society and process of 106
aging network 136
Alzheimer's disease 2, 43
American Association of Retired Persons (AARP) 138
Americans with Disabilities Act (ADA) 73, 90, 38
anorexia 2
anxiety 115
  defined 115
aphasia 48
application process 98
  job leads 98
apprenticeships 97
articulation 48
assisted living 143
  defined 143
astigmatism 50
audiologist 203

B

back rubs 162-163
bedsores 162, 163
benefits 209
bereavement 175
  myths of 175-176
birth defects 52
  cleft palate 53
  clubfoot 53
  cystic fibrosis 2
  defined 52
  Down's syndrome 2
  hearing impairment 2, 45
  mentally challenged 2
  of the heart 47,52
    congenital heart disease 47
    heart murmurs 47
  spina bifida 53
  visual impairment 49
bland diet 182
  defined 182
blindness 49
blood pressure 159
  diastolic 161
  monitoring 159-160
  systolic 161
body systems 55
  skeletal 55, 112
  muscular 55, 112
  digestive 55
  respiratory 55, 112
  circulatory 55
  urinary 55, 112
  endocrine 55
  reproductive 55
  nervous 55
brain disorders 53
  defined 53
  types of
    stroke 53
    encephalitis 53
    meningitis 53
budget
  defined 209

building family strengths 24
  allocation of power 26
  communication 25, 150
  family closeness 26
  problem solving 24
    deciding on a plan 24
    developing progress reports 25
    identifying problem 24
    seeking solutions 24
  shared values 26

C

cafeteria style 17
call checks 136
calorie restricted diet 185
  guidelines for reducing
cancer 44
  defined 44
  reducing risk of 45
  treatment
    chemotherapy 45
    radiation therapy 45
  warning signals 45
carcinogens 44
caregivers 201
cardiovascular system 112
Carl D. Perkins Vocational and Applied Technology Education Act Amendment of 1990 89
Carl D. Perkins Vocational Education Act of 1984 89
cataracts 50
catastrophe 12
catastrophic illness
  preparation for 12
cerebral palsy 73
chalazion 50
chemotherapy 45

child abuse 191
circulatory system 55
cleft palate 53
clothing adaptions 183-184
collagen 112
color blindness 50
communicable diseases 164
communication 25, 150
defined 25, 150
community and junior colleges 97
community experiences 35
companionship/love 4
congenital heart disease 47
conjunctivitis 50
consultants 202
contamination 164
cornea 50
Coronary Artery Disease (CAD) 46-47
defined 46
risk factors 46
cooperation 96
defined 96
coordination of benefits clause 15
costs
of equipment 12, 13
crisis 149-150
defined 149
handling situations of 150
cystic fibrosis 2

D

day-care centers 136
day or night centers 136
deafness 45
death 173, 175
defined 175
deductible 14
delayed grief 115
denial
dependability 97
defined 97
designers 203
detached retina 51
dexterity 122
diabetes 182
diabetic diet 182
diabetic retinopathy 51
digestive system 55
disabled abuse 191
disability 35
disability insurance 15
defined 15
discrimination and confidentiality laws 90
disenchantment phase 142
dismemberment 16
Down's syndrome 2

E

economic factors 6
education 131, 202, 282
educators 202
educational laws 87-89
Elementary and Secondary Education Act (ESEA) 36,88
defined 88
Education for all Handicapped Children (1975) 38,88
defined 88
Handicapped Children's Early Education Assistance Act of 1968 38,88
defined 88
Individualized Educational Program (IEP) 88
defined 88
Rehabilitation Act of 1973 38, 88
defined 88
elderly
care for upon retirement 141
adult day-care 143
assisted living 143
group homes 142
living with a sibling 145
long-term care facilities 122, 143
retirement communities 142
characteristics of 104
changes of 111-112
economic 104
physical 104, 111
psychological 104
social 104
appearance of 112
changes and needs
emotional 115-116
mental 114-115
social 104
clothing needs of 122-124
dietary needs of 113-114
food groups 113
preparation of meals for 113
exercise 113, 114
programs 114
benefits of 114
health care options 121
ADL 121
home health care aide 122
IADL 121
live-in nurses 122
long-term care facilities 122, 143
in community 129
laws affecting 137-138
Older Americans Act of 1965 137
Older Americans Act of 1992 138
Older Americans Act Amendment of 1984 137-138
Social Security Act of 1967 137
needs of 121
paid work for 130-131
politically active groups for
American Association of Retired Persons (AARP) 138
Gray Panthers 138
Silver Haired Legislature 138
retirement 129
phases of 141-142
roles and contributions of 131-132
safety needs for 124-125
bathroom 125
bedroom 125
clothing 122
general 124
kitchen 124
services for 135-136
types of
call checks 136
day-care centers 136
day or night sitters 136
evaluations 136-137

home helpers 136
life line 136
meals on wheels 136
sheltered workshops 136
transportation services 136
Youth Exchanging with Seniors (Y.E.S) 136
training and education of 131
transportation services 136
volunteer work for 130
elderly abuse 191
elderly population 103
electroconclusive therapy (EEG) 52
electronic travel aid 201
emotional
effects
acceptance
companionship/love
independence
success
security
impact on family 27
emotional and mental abuse 194
emotions 51
emotional development 3
emotional stress 74
empathy 28, 151
employment
laws 90
Americans with Disabilities Act (ADA) 73, 90
personal characteristics for 95, 205
cooperation 96-97
dependability 97
honesty 97
loyalty 96
personality 96
personal appearance 96
positive attitude 96
punctuality 97
training 97-98
empathy 28-29
encephalitis
endoctrine system
meningitis
enshrinement
etiquette 35
defined
eyes
defects of 49-50
astigmatism 50
color blindness 50
farsightedness 50
nearsightedness 50
strabismus 50
diseases/disorders of 50-51
cataracts 50
chalazion 50
detached retina 51
diabetic retinopathy 51
conjunctivitis 50
cornea 50
glaucoma 50
keratoconus 50
macular degeneration 51
retinitis pigmentosa 51
retinopathy of prematurity 51
sickle cell retinopathy 51
sty 50
exercises 162

F

fallacy 104
family
adjustments 28,149
challenges to 73-74
closeness 26
counseling 198
health 172-173
interaction 174, 195
patterns of 27-28
recovery 178
roles of 151-152
support resources for 28
violence 191
family counseling 196
farsightedness 50
fat-restricted diets 185
financial
effects on family members 12
impacts on families 11-19
stress 75
fluency 48
foster grandparent program 130
four-year-college 98
frail elderly 121

G

geriatrics 202
gerontologist 202
goal 207
goods and services provider 203
Gray Panthers 138
grief 177
grief and mourning 115
types of
advance 116
delayed 115
enshrinement 116
inhibited 115
prolonged 116
group homes 142-143
group insurance policy 17
guidance 205

H

handicap 35
Handicapped Children's Early Education Assistance 88
health maintenance organizations (HMOs) 16
health care services 83
alternative 187
long-term 184, 187
selecting a doctor 84
short-term 184, 187
health insurance
determining 16
obtaining 17-18
cafeteria style 17
group policy 17
types of
disability 15
coordination of benefits clause 15
participation benefits clause 15
presumptive clause 15
prorating clause 15
HMOs 16
hospital expense 15
major medical 15
medicaid 17
medicare 16
surgical expense 15

worker's compensation 16
hospital expense insurance 14
Health Maintenance Organizations (HMOs) 16
hearing impairments 2, 45
defined 2
heart attacks 47
defined
heart failure 47
defined 47
heart murmurs 47
home health care aide 122
home helpers 136
honesty 97
honeymoon phase 142
hospice 173
hospice care 173
hospital expense insurance 14
defined
hospitalization 155-156
rights of patients 155-156
types of hospitals
private 156
private nonprofit 156
private profit 156
public 156
veterans 156
housing adaptions 184-186

hypochondria 116
defined
reasons for

I

IADL 121
illnesses and disorders
anorexia 2
bulimia 2
Acquired Immune Deficiency syndrome (AIDS) 2, 54
incentive 209
inclusion
independence 3
indigent 158
Individualized education Program (IEP) 88
individual therapy 196
information specialists 202
inhibited grief 115
intellectual 51
effects
inflammatory heart disease 47
defined 47
intellectual development 4
insurance 14

interpersonal communication 206
iris 50

J

job lead 98

K

keratoconus 50
kyphosis 123

L

laws. *see* special health needs
listening 151
listening skills 151
long-term care facilities 122, 143-144
least restrictive environment 48
life cycle 61
life line 136
live-in nurses 122
living wills 83
defined
liquid diet 182
loyalty 96
lung disease 47-48
defined
types of
obstructive 47
pulmonary vascular 48
restrictive 48

M

macular degeneration 51
Magnetic Resonance Imaging (MRI) 82
making beds 160
mainstreaming 62-63
defined 62
major medical insurance 15
management 207
meals on wheels 136
media
people with special health needs in
medical technology 81
medicaid 17
medical neglect 195
medicare 16
medications
administering 160, 161
mental disorder
defined 52
types of
neurosis 52
psychosis 52
mental illness 52
treatment of
electroconvulsive therapy 52
psychosurgery 52
mentally challenged 2
middle old 103
minimum wage 204
mourning 175
muscular system 55, 112

N

near phase 142
nearsightedness 50
need 210
nervous system 55
neurosis 52
nonprofit 156
nonverbal communication 150
nursing home ombudsman 138
nurture 204
nutrient dense 113
nutritional needs 180-183
daily food requirements 182-185
types of diets
bland 180

calorie-restricted 183
diabetic 180, 183
fat restricted 183
liquid 180
sodium-restricted 183
soft 180

O

obstructive lung disease 47
defined
occupational therapist 201
Older Americans Act of 1984 137
Older Americans Act of 1992 138
Older Americans Act of 1965 137
older population 103
oldest old population 103
ombudsman 138
once-around method 162
opportunistic infections 54
orientation and mobility specialist 201
orthopedic impairments 48
defined
types of
paraplegia 48
quadriplegia 48
orthotics 48
osteoporosis 44
defined 44

P

paraplegia 48
paraprofessional 203
parent support groups 196
participation limits 15
past experiences 34
personal hygiene 160,162
personality 52, 96
defined 52
personal achievements 35
personal appearance 96
defined 96
personal home care aides 196
physical abuse 194
physical challenges 36
physical neglect 194
physical stress 75
signs of 75
physical therapist 201
physiology 205
poor listeners 151
preexisting conditions 18
premium 15
presumptive disability clause 15
private hospitals 156
defined
private nonprofit hospitals 156
defined 156
priorities 207
professional 203
prolonged grief 16
prorating clause 15
protective and social services 202
psyche 52
psychology 205
psychological health
of family unit 23-24
impact
psychological health 24
psychosis 52
psychosomatic 52
psychosurgery 52
public hospitals 156
pulmonary vascular diseases 48
defined 48
pulse 158
monitoring 159
pulse rate 158
pupil 50

Q

quadriplegia 48

R

radiation therapy 45
rehabilitation Act of 1973 88
recreational therapists 201
relationships 35
remote phase 142
reorientation phase 142
retirement 129
retirement communities 142
defined 142
reproductive system 55
researchers 204
respect 151
respiration 159
defined 159
monitoring 159
respiratory system 55
restrictive lung diseases 48
defined
retina 50
retinitis pigmentosa 51
retinopathy prematurity 51
Retired Senior Volunteer Program (RSVP) 130
rewards 98
Rh factor 46
rider 18
risky behavior 54

S

safe behavior 54
security 3
self-concept 34
self-esteem 34
defined 34
influences on
advertising 35
community experiences 35
past experiences 34-35
relationships 35
personal achievements 35
television 35
sexual abuse 194
shared values 26
sheltered workshops 136
sickle cell retinopathy 51
Silver Haired Legislature 138
skeletal system 112
social
effects 27
impact 27
social abuse 194
Social Security Act of 1967 137
social adjustments 74
social development 4-5

defined 4
social groups 72
society 33
societal trends 34
defined 33
effects on 34
influences on 33
sociology 205
sodium-restricted diet 185
soft diet 182
somatic 52
special education teachers 200
special health needs
adaptions for 66
advances in
birth to young child 62-63
careers in 199
benefits and incentives 208
directly serve 200
indirectly serve 202
personal characteristics for 204-206
salaries 208
categories of 1-3
accidents 2
aging 2
birth defects 2, 52
illnesses and disorders 2
characteristics of 61-65
conditions of 6
communication and understanding of
characteristics needed for
contributions of people with 152
defined 1, 205
elderly adult 65
effects of on special needs person
social 4, 74
stressful 74
psychological 74
effect on
family members
psychological 71
emotional 71
social 71, 74
in the United States 5-6
laws
discrimination and confidentiality 90
educational. *see* educational laws
employment. *see* employment laws
social security 91
tax. *see* tax laws
of individuals 1
middle-aged adult 65
physical care 155
back rubs 162
contamination 164
exercises 162
personal hygiene 160
responsibilities of persons with 91
right of individuals with 71-73
Americans with Disabilities Act (ADA) 38, 73, 90
service for people with 65-66
teenage years 63
young adult 63-64

speech impairments 48
defined 48
types of
aphasia 48
articulation problems 48
delayed speech 48
in the United States 49
stuttering 48
voice disorders 48
speech language pathologist 201
spina bifida 53
spouse abuse 191
stability phase 142
stages of grief 173-174
experienced by family and friends 175
experienced by terminally ill person 174
strabismus 50
stress 208
coping with
defined 207
types of
emotional 74
financial 75
physical 75
signs of 76
stressors 75
defined
examples
stroke 53
stuttering 48
systolic pressure 159
sty
subsidized 17
success 4
support group 28
support service 18
defined
surgical expense insurance 15
survivors syndrome 175
sympathy 28
systolic pressure 161

T

tax laws 89-90
Tax Reduction and Simplification Act of 1977 39, 89-90
defined 89
Tax Reform Act of 1976 38, 89
defined 89
television 35
temperature
monitoring 156-158
temporary
terminal illness 171
family interaction 172-173
family recovery 176
guidelines to follow
needs of
emotional and psychological 171-172
reactions 172-173
termination phase 142
Tetrahydroaminoacridine (THA) 44
Texas Department on Aging 136
therapists 202
thermometer
digital 158
digital ear 158
mercury 158
training opportunities 97
apprenticeships 97
community and junior colleges 97
four-year- college 121
vocational schools 97
transferring a person 164, 165-166
transportation needs 184

U

urinary system 112
uveal tract 50

V

valve disease 47
  defined 47
  vegetative
verbal communication 150
veteran's hospitals 158
  defined 158
visual impairments 49
  defined 49
voice disorders 48
vocational education 88-89
  defined 88
  laws
    Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 89
    Carl D. Perkins Vocational Education Act of 1984 89
    Vocational Education Act of 1963 89
    Vocational Education Amendments of 1968 89

vocational schools 97
volunteer 129

W

wage 209
waiting period 15
want 210
worker's compensation insurance 16

Y

young old 103
Youth Exchanging with Seniors (Y.E.S) 136